Substance Use Referral Log

(Alcohol and drug treatment records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR and the Health Insurance Portability and Accountability Act of 1996)

County Name: _____

Report Month: _____ Year _____

PDC No.	App. or Review (A/R) Date	Screening Notice Signed(Y/N)	Audit/DAST (Y/N)	Testing Notice/ Referral Date	QPSA Referral/Date Mandatory (M) Optional (O)	Test Date	Complete (Y/N)	Result (P/N)	Case Decision Denial/Term/ Sanction/Disqualification	Req. for Retest Date	Facility ID	Retest Results (P/N)	Comments (Good Cause, Reasonable Accommodations etc.)

ADVANCE COPY

DSS- 8223 (8-2015)
Economic and Family Services

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