

# Authorization for Prescription or Over-the-Counter Medication Review

I, \_\_\_\_\_, understand that I have been referred by  
(Employee Name)

MGE Underground, Inc. to Dr. Joseph D. Bettencourt, M.D. because I have self-disclosed to my employer that I have been prescribed a medication(s) by a licensed medical professional and/or are taking an over-the-counter medication(s) that has specific warnings about causing drowsiness and/or cautions about operating machinery or motor vehicles. Because I am employed in a safety/environmentally/security sensitive position, my employer has, according to the MGE Underground, Inc. Drug, Alcohol and Contraband Control program, referred me for evaluation and I am doing so voluntarily following their recommendation to further the objectives of the Company's Drug, Alcohol and Contraband Control Program.

I acknowledge the purpose of the referral and evaluation is to determine my ability to safely perform the essential functions of my job while taking the medication. The evaluation is not for medical staff at Dr. Joseph D. Bettencourt, M.D. to provide a diagnosis of my current medical condition(s) or to offer advice on treating such conditions. As part of the prescription and over-the-counter medication review process, any or all of the following activities may be performed by the staff at Dr. Joseph D. Bettencourt, M.D. office:

1. Telephone communications with medical staff, including the prescribing physician, regarding the self-disclosed medication(s), the purpose of the medication(s), dosage and frequency, and any other information the Contracting Physician deems necessary to render a decision about my ability to safely perform my job duties.
2. If deemed necessary by the Contracting Physician, a review of my medical records as it pertains to the medication(s) currently being reviewed (with a specific medical release form to be signed by me).
3. Obtaining a CURES\* report.
4. Provide a copy of the current medication(s) prescription, name and brand of the over-the-counter medication(s), or provide the actual medication container(s) for review of the label(s).

Dr. Joseph D. Bettencourt, M.D. will comply with all applicable state and federal regulations, such as the Health Insurance Portability and Accountability Act (HIPAA) and the California Confidentiality in Medical Information Act, and only information pursuant to these regulations will be provided to the employer.

I hereby authorize Dr. Joseph D. Bettencourt, M.D. to perform the prescription and/or over-the-counter medication review and I acknowledge the disclosure of the procedures, listed above, that may be performed in the process. I also acknowledge that I am submitting to this review at the recommendation of my employer, not the staff of Dr. Joseph D. Bettencourt, M.D., and that I agree that I am voluntarily submitting to the medication review process.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\*Controlled Substance Utilization Review and Evaluation System (CURES). This is a source database maintained by the State of California Department of Justice that includes information about drugs being dispensed, quantity, strength, patient name and prescriber's name. California doctors and pharmacies are required to report to the Department of Justice (DOJ), within seven days, every schedule II, III, and IV prescription that is written.