

United States Drug Testing Laboratories, Inc.

**Authorization for Use or
Disclosure of Patient's Health Information**

I hereby authorize United States Drug Testing Laboratories, Inc. to use or disclose the below named patient's health information as described below.

Patient Name: Michael L. Langan Address: 41 Kilsyth Road Brookline, MA 02445
Name of Guardian or
Legal Representative: N/A Date of Birth: 05/15/1962

I authorize United States Drug Testing Laboratories, Inc. to use or disclose my health information to the following individual(s) or organization:
Michael L. Langan (self)

The health information to be used or disclosed is as follows [describe dates or service and information to be disclosed]:

1) Any and all documentation pertaining to July 1, 2011 PEthStat collected by Quest Diagnostics and shipped to USDTL on or around July 7th 2011 including any and all written communication with Quest Diagnostics and Physician Health Services, Inc. (PHS) pertaining to the test or my unique identifier from PHS (1310) to the test (including e-mail and fax).

2) Any and all documents pertaining to the July 19th request from PHS to USDTL including 2 missing pages from the "litigation packet (See attached). "Litigation packet" fax from PHS to USDTL dated July 19th, 2011 requesting that my unique identifier #1310 and a "chain of custody" be added to an already positive test for Phosphatidyl-ethanol (PEthStat) documents number of pages faxed from PHS to USDTL as 3 yet only 1 page has been provided. Please provide missing 2 pages as well as any and all written documentation pertaining to this request of July 19th, 2011 (including e-mail and fax).

3) Any and all documents including e-mail and fax between Joseph Jones and PHS surrounding Dr. Jones certification of December 3rd, 2011 that the "specimen identified by the laboratory accession number above has been examined upon receipt, handled, and analyzed in accordance with this laboratory's Standard Operating Procedure" that was used in the "litigation packet" (see attached) including any communication from PHS requesting that a "litigation packet" be provided for a "clinical" test and how a forensic "litigation packet" was generated for a "clinical" test (as the "litigation packet" by definition is only generated for "forensic" (as opposed to "clinical") drug and alcohol testing. Please provide any and all documentation between Dr. Joseph Jones and the following individuals (Dr. Luis Sanchez, M.D., Former Medical Director of PHS; Dr. Wayne Gavryck, M.D. Medical Review Officer (MRO) of PHS; Linda Bresnahan, Director of Operations at PHS; Deborah Grossbaum, attorney for PHS; Mary Howard, support staff at PHS; and any other individuals associated with PHS, Inc.).

4. Any and all e-mails between Michael Langan and Dr. Joseph Jones from December of 2011 until present and any e-mails from Michael Langan to Dr. Joseph Jones specifically requesting that the July 1, 2011 (Phosphatidyl-ethanol) PEthStat be "corrected" that were received by Dr. Jones but to which he did not reply. These e-mails are from the following e-mail addresses, (Langan.MichaelL@MGH.Harvard.Edu and MLLangan1@mac.com) to Dr. Jones at the following e-mail address Joe.Jones@USDTL.com and support the fact that Dr. Jones knew all along that the PEthstat was being used for "forensic" and not "clinical" purposes.

5. Any and all documentation regarding the "amended" phosphatidyl-ethanol (PEthstat) test on or around October 4, 2012 that resulted from CAP investigation (Reference # 4990, CAP # 1147901, AU ID # 1176738) rendering the July 1st, PEthStat invalid including any and all written, faxed, or e-mailed correspondence between Joseph Jones or any other employees of USDTL and PHS, Inc.

6. Any and all of the required authorizations and release of information forms that would be signed by me in order for USDTL to process a "clinical" specimen and signed by me in order to authorize to whom the results of my protected health information (PHI) is to be sent,

7. The required order from a physician or physician's representative acting as a health care provider and requesting a "clinical PEthStat" in the course of medical diagnosis and treatment and the name of the individual and that person's clinical role as a health care provider.

The health information may be disclosed to and/or used for the following purpose [if requested by patient, the purpose may be listed as "at the request of the individual"]:

At the Request of the Individual

Unless otherwise revoked, this authorization will expire on the following date, or event or condition that relates to the use or disclosure August 1, 2015

I understand that this authorization pertains to the release of medical records related to drug and alcohol abuse based on federal statute, 42 U.S.C. §290dd-3, and federal regulations 42 C.F.R. § 2.1 et seq.

This consent is subject to revocation at any time except to the extent that the program which is to make the disclosure has already taken action in reliance on it.

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to ensure treatment, payment, enrollment, or eligibility for benefits.

I understand that there is the potential for information used or disclosed under this authorization to be redisclosed by the recipient and that the redisclosure may not be protected by the federal health information privacy regulations.


Signature of Patient or Personal Representative

8 / 4 / 2014
Date