

Consent for Genetic Counseling Services.

I understand that a consultation with the GenCIPHER genetic counselor may include some or all of the following:

1. Addressing the estimated likelihood of the genetic condition for which I am being referred. This assessment may involve:
 - i. Obtaining and analyzing my personal and family medical history
 - ii. Reviewing my medical records, including the genetic test result when available
 - iii. Recommending genetic testing or other evaluations to diagnose a condition or determine my carrier status or a family member’s carrier status
 - iv. Facilitating genetic testing, including completion of all necessary forms. The genetic counselor will be your primary clinical contact but ***the test will be ordered by your physician.***
2. Helping me to:
 - i. Understand how to interpret my genetic test results, including their significance to my health and/or my family’s health. This will include review of recommendations regarding genetic testing in my family members, should a genetic variant be identified with my genetic test
 - ii. Appreciate the medical, psychological, and social implications of a genetic condition, including features, variability, usual course and management options, including published guidelines for disease treatment and management
 - iii. Learn how genetic factors contribute to the disorder and affect the risk of disease in myself or members of my family
3. Assisting in my:
 - i. Understanding of the risk and burden of a disorder and the published screening and management guidelines to detect a condition early and/or reduce the risk of it occurring at all.
 - ii. Adjustment or adaptation to my condition or genetic risk
2. I UNDERSTAND THAT THE GENCIPHER GENETIC COUNSELOR IS NOT A PHYSICIAN. I WILL CONSULT WITH MY PHYSICIAN FOR MEDICAL ADVICE, INCLUDING THE DIAGNOSIS OF ANY CONDITION AND THE RECOMMENDATIONS FOR MEDICAL MANAGEMENT RELATED TO MY DIAGNOSIS.
3. I agree that the GenCIPHER genetic counselor may have access to my genetic test and other medical records for purposes of my consultation and any consultation between the genetic counselor and my healthcare provider.
4. I understand that the GenCIPHER genetic counselor will prepare a written report summarizing the consultation and will provide a copy of the report to my physician for inclusion in my medical records. A copy of the report will also be provided directly to me by the genetic counselor, along with a copy of my family medical history (pedigree).
5. The genetic consultation fee is \$250 and is payable at the time of service. I understand that my insurance company may not cover this service.

I have carefully read and understood this document and I agree to receive genetic counseling through GenCIPHER as described above. I have had all of my questions regarding genetic counseling answered.

Patient name (please print)	
Name of patient’s parent or guardian (if applicable)	
Patient signature	Date

Healthcare Provider(s) who should receive written report and test results. Please include name, address and phone:
