



Consent for Obtaining, Retaining, or Disclosing Genetic Information

State of Nevada

As used in this document, “genetic information” means any information that is obtained from a genetic test.

- 1.** I understand that no insurer or corporation that provides health insurance, carrier serving small employers, or health maintenance organization may:
 - a.** Require me or any member of my family to take a genetic test;
 - b.** Require me to disclose whether I or any member of my family has taken a genetic test;
 - c.** Request my genetic information or the genetic information of a member of my family; or
 - d.** Determine the rates or any other aspect of the coverage or benefits for health care for me or my family, based on whether I or any member of my family has taken a genetic test, based on my genetic information or the genetic information of any member of my family.
- 2.** I also understand that:
 - a.** I have the right to receive the results of a genetic test, in writing, within 10 working days after the person conducting the test has received the results. The written results must indicate that, except as otherwise provided in chapter 629 of NRS, my genetic information may not be obtained, retained, or disclosed without first obtaining my informed consent.
 - b.** It is unlawful for a person or entity to obtain my genetic information without my informed consent, unless the information is obtained:
 - i.** By a federal, state, county, or city law enforcement agency to establish the identity of a person or a dead human body;
 - ii.** To determine the parentage or identity of a person in certain circumstances;
 - iii.** To determine the paternity of a person in certain circumstances;
 - iv.** For use in a study where the identities of the persons from whom the genetic information is obtained are not disclosed to the person conducting the study;
 - v.** To determine the presence of certain inheritable disorders in an infant in certain circumstances; or
 - vi.** Pursuant to an order of a court of competent jurisdiction.
 - c.** It is unlawful for a person to retain genetic information that identifies me without first obtaining my informed consent, unless retention of the genetic information is:
 - i.** Necessary to conduct a criminal investigation, an investigation concerning the death of a person, or a criminal or juvenile proceeding;
 - ii.** Authorized pursuant to an order of a court of competent jurisdiction; or
 - iii.** Necessary for certain medical facilities to maintain my medical records.
 - d.** If I have authorized a person to retain my genetic information, I may request that the person destroy the genetic information. Such a person shall destroy the information, unless retention of the information is:
 - i.** Necessary to conduct a criminal investigation, an investigation concerning the death of a person, or a criminal or juvenile proceeding;
 - ii.** Authorized by an order of a court of competent jurisdiction;
 - iii.** Necessary for certain medical facilities to maintain my medical records; or
 - iv.** Authorized or required by state or federal law.



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- e. Except as otherwise provided by federal law or regulation, a person who obtains my genetic information for use in a study shall destroy the information upon completion of the study or my withdrawal from the study, whichever occurs first, unless I authorize the person conducting the study to retain my genetic information after the study is completed or upon my withdrawal from the study.
- f. It is unlawful for a person to disclose or to compel another person to disclose my identity if I was the subject of a genetic test or to disclose to another person genetic information that allows the other person to identify me without first obtaining my informed consent, unless the information is disclosed:
 - i. To conduct a criminal investigation, an investigation concerning the death of a person, or a criminal or juvenile proceeding;
 - ii. To determine the parentage or identity of a person in certain circumstances;
 - iii. To determine the paternity of a person in certain circumstances;
 - iv. Pursuant to an order of a court of competent jurisdiction;
 - v. By a physician after I am deceased and my genetic information will assist in the medical diagnosis of persons related to me by blood;
 - vi. To a federal, state, county, or city law enforcement agency to establish the identity of a person or dead human body;
 - vii. To determine the presence of certain inheritable preventable disorders in an infant in certain circumstances; or
 - viii. By an agency of criminal justice in certain circumstances.

I authorize Sonic Healthcare USA and its affiliates ("Sonic") to conduct genetic testing and to collect, obtain, use, maintain, and retain a sample and the results of the testing for that purpose. I authorize Sonic Healthcare USA and its affiliates ("Sonic") to disclose my genetic information including the results of my genetic testing, to the ordering clinician or healthcare provider for treatment purposes, Metis Genetics, LLC for purposes of genetic counseling when appropriate, and my health plan/insurance carrier and its authorized representatives as necessary for reimbursement unless otherwise indicated by my ordering physician or healthcare provider for treatment purposes.

I accept full financial responsibility for any payment obligation associated with my test(s). I understand that I am responsible for any applicable co-payment, coinsurance, or deductible as specified by my health plan, including any costs relating to out-of-network, non-covered, or non-authorized services. I understand that Sonic and its affiliates will bill my health plan as required by my insurer and in accordance with its policies unless otherwise notified. If applicable, I authorize Sonic to appeal any coverage denial made by my insurer on my behalf. I understand to direct all cost estimates and coverage inquiries to my insurer or, if I am uninsured, to Sonic and its affiliates. I further authorize my health plan/insurance carrier to directly pay Sonic and its affiliates for services rendered. I understand that I may be responsible for portions of this test not covered by my insurance.

This consent document is valid for one year unless otherwise indicated here _____.

Printed Name: _____

Date: _____

Patient Signature: _____

Date: _____

Witness: _____

Date: _____