

# Greenwood Genetic Center

## GENETIC SERVICES CONSENT FORM

Individual's Name

Date of Birth

SSN

Name of DDSN Board or Private Provider

Service Coordinator/ Early Interventionist – Phone #

The SC Department of Disabilities and Special Needs (DDSN) and the Greenwood Genetic Center work together to serve individuals and families who have developmental delay, intellectual disability, learning disabilities, autism, and birth defects. A genetic evaluation is one of the services offered by DDSN. The purpose of this evaluation is to attempt to find the cause of an individual's learning problems and/or birth defects. For more information about genetic services, please read *The Genetic Evaluation: A Guide for Families and Individuals*.

There is no direct cost or billing to DDSN individuals or their families for genetic services provided by the Greenwood Genetic Center. The Greenwood Genetic Center will bill private insurance, Medicaid, or Medicare for genetic services when applicable.

Given the above information, I, \_\_\_\_\_ (print service recipient or parent/guardian's legal name), hereby indicate by my signature below that I:

\_\_\_\_\_ Accept genetic services for the above named individual. I understand that I can, at any time, choose to revoke my consent to genetic services. **By accepting genetic services, I authorize the release of any records to the Greenwood Genetic Center deemed necessary to provide ongoing genetic services. A copy of this form is as valid as the original.**

\_\_\_\_\_ Decline further genetic services at this time. Declining genetic services does not affect other services provided by DDSN.

## BENEFITS ASSIGNMENT

I hereby authorize Greenwood Genetic Center to furnish information to my insurance carrier(s) concerning me (or that of my dependent), for the purpose of payment for services. I hereby assign to the Greenwood Genetic Center all payments for medical services rendered to me or my dependent. A copy of this assignment can be used in lieu of the original.

Individual's Signature

Date

Parent/ Legal Guardian's Signature & Relationship

Date

Printed Name of Above Signature

Daytime Phone

Mailing Address

Evening Phone

City

State

Zip

Email address (will not be shared outside of DDSN and GGC)

Witness

Date