Elizabeth Wende Breast Care
Breast Imaging Excellence

INFORMED CONSENT AND AUTHORIZATION FOR

DISCLOSURE OF HEREDITARY CANCER GENETIC TESTING

Patient Last Name: _____ **First Name:** _____ **DOB:** ___/___/___ **Acct #:** _____
for office use only

INTRODUCTION. This form authorizes disclosure of your test results and information. Please read it carefully. If you do not understand something in this consent form or if you have a question about the disclosure of genetic information, please ask for additional information before you sign this form.

I acknowledge that I have signed a separate informed consent form by which I have given my consent to the performance of the genetics test.

WHAT MAY BE DISCLOSED. My genetic test results and other clinically relevant information that may be found in analyzing my biological sample.

PURPOSE OF THE DISCLOSURE. I agree to permit disclosure of my genetic test results and information for:

☐ medical treatment, to improve the quality of my care, to coordinate care among my providers, for patient safety and population health management activities, and to improve EWBC's healthcare operations.

☐ other specified purpose:_____

ADDITIONAL RIGHTS. I am entitled to a copy of this Informed Consent and Authorization. I also understand that I may refuse to sign this Consent and Authorization, and that EWBC cannot deny or refuse to provide me treatment if I refuse to sign.

POTENTIAL FOR RE-DISCLOSURE. I understand that EWBC is required to keep my genetic information confidential under the Federal Genetic Information Nondiscrimination Act, HIPAA, and New York law. But, I also understand that some or all information disclosed pursuant to this Informed Consent and Authorization may be subject to re-disclosure by individuals who receive my information, in which case it may no longer be protected under federal or state law.

EXPIRATION. This Informed Consent and Authorization will remain in effect from the date of my signature below until either I or my authorized representative revokes my consent.

Please check one:

☐ I specifically intend that this Consent and Authorization survive past my death.

☐ I do not intend that this Consent and Authorization survive past my death.

REVOCATION. I understand that I may change my mind and revoke this Informed Consent and Authorization at any time by giving written notice to **SHANNON DEMAY, Privacy Officer, *by mail at* 170 Sawgrass Drive, Rochester, NY 14620, *or by e-mail at* sdemay@ewbc.com**. I understand that my revocation does not apply to any information already released as a result of the permission granted by this Consent and Authorization. I further understand that other healthcare provider and organization that have my permission to access my results and information may copy or include it in their own records. These organizations, in many circumstances, are not required to return any information that they were provided nor are they required to remove it from their own records.

I have read and understand this Informed Consent and Authorization. I have had the chance to ask questions about the disclosure of my results and information and all questions have been answered to my satisfaction. I authorize EWBC to disclose my results and information in the manner described above.

WHO MAY RECEIVE THE INFORMATION.. I authorize EWBC to disclose my results and information to:

☐	Name: _____	Relationship to Me:	_____
☐	Name: _____	Relationship to Me:	_____
☐	Name: _____	Relationship to Me:	_____
☐	Name: _____	Relationship to Me:	_____
☐	Name: _____	Relationship to Me:	_____
☐	Name: _____	Relationship to Me:	_____
☐	Name: _____	Relationship to Me:	_____
☐	Name: _____	Relationship to Me:	_____
☐	Name: _____	Relationship to Me:	_____

_____ _____

Signature of Patient or Patient's Legal Representative | Date Signed (mm/dd/yy)

_____

Print Name of Legal Representative (if applicable)

Check one to describe the relationship of Legal Representative to Patient (if applicable): ☐ Guardian ☐ Guardian Advocate ☐ Health Care Surrogate or Proxy ☐ Other personal representative (explain: _____)