

Greenwood Genetic Center

GENETIC SERVICES CONSENT FORM

Individual's Name

Date of Birth

SSN

Name of DSN 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, mental retardation, 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's legal name), hereby indicate by my signature below that I:

_____ Accept genetic services as noted above. 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 complete the genetic evaluation.**

_____ 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

Street Address

Daytime Phone

City

State Zip

Evening Phone

Witness

Date

9/05

Pee Dee - East
Jennifer Lynch
PO Box 3173
Conway, SC 29528
Ph: 843-248-8875
Fax: 843-381-0025

Pee Dee - West
Shannon Mackey
PO Box 4033
Florence, SC 29502
Ph: 843-678-9090
Fax: 843-678-9648

Piedmont - North
Cathy Bolt
PO Box 6187
Anderson, SC 29623
Ph: 864-224-5401
Fax: 864-222-1148

Piedmont - South
Joan Montjoy
233 Brookfield Drive
Greenwood, SC 29646
Ph: 864-229-5585
Fax: 864-229-0273

Midlands - North
Debbie Zvejnieks
PO Box 291599
Columbia, SC 29229
Ph: 803-754-0882
Fax: 803-786-4695

Midlands - South
Amy Toburen-Dobson
PO Box 1957
Lexington, SC 29071
Ph: 803-356-6854
Fax: 803-356-2511

Coastal - East
Debbie Bealer
PO Box 1441
Mt. Pleasant, SC 29465
Ph: 843-881-2404
Fax: 843-849-6447

Coastal - West
Margaret Palmer-Buerstner
PO Box 2853
Irmo, SC 29063
Ph: 803-781-1717
Fax: 803-780-2121