ARBORETUM CLINICAL

Arboretum Clinical Consent for Genetic Counseling

You are being offered genetic counseling services to help you understand how genetics may impact or influence your health or the health of your family. This Consent for Genetic Counseling outlines the terms and conditions for genetic counseling you receive from Arboretum Clinical, LLC ("Arboretum," "we," or "us").

1. **General Description and Purpose of Genetic Counseling.** Genetic counseling is the process of discussing genetic information and concerns, including information, support, and guidance regarding genetic conditions, personal and family history, potential testing options, and risks, benefits and limitations of genetic testing and potential test results. Genetic counseling and genetic testing are evolving rapidly. The significance of certain genetic changes on your health or family's health may not be known at the time that you receive genetic counseling, and the information or advice provided by genetic counselors could also change based on new developments.
2. **What to Expect.** During a genetic counseling session, the genetic counselor may discuss with you:

    - The nature and purpose of genetic counseling
    - The potential benefits, risks, and limitations of genetic testing
    - Your personal and family medical history
    - Questions about possible outcomes and implications for you or your family
    - Genetic testing options, including helping you understand what tests are available, what testing can and cannot tell you, and related guidance to help you decide if you want to pursue genetic testing
    - Results of any genetic testing and what those results may mean for your or your family
    - Questions or concerns about the privacy and confidentiality of your genetic information

    You acknowledge that you should share complete and accurate information, including with respect to medical history, that you may have or be aware of in your family. Your genetic counselor's recommendations will depend on the accuracy of the information provided.

    You are encouraged to ask your genetic counselor questions at any time while receiving the genetic counseling services.

3. **Voluntary Participation; Consent to Receive Services.** Participation in genetic counseling and any related genetic testing is voluntary. By consenting, you agree to receive genetic counseling services from us. You may decline or withdraw from genetic counseling at any time.
4. **Your Financial Responsibility.** Genetic counseling sessions are generally provided at no charge to you. Arboretum reserves the right to charge for genetic counseling services, whether by billing

your insurance or charging a fee. In any case where we plan to bill your insurance or charge a fee for a session, you will be informed at the time of scheduling. Where Arboretum bills your insurance, if applicable, you authorize your insurance benefits to be paid directly to Arboretum, and you understand that you are financially responsible for any amounts not covered by your insurer. When you provide us with information about your insurance, that will be considered authorization for us to submit claims to your health insurance plan, and authorization to act as your designated representative for purposes of appealing any denial of benefits as needed and to request additional medical records for this purpose. If paying by credit card, you authorize Arboretum to bill your credit card.

5. **Confidentiality**. Genetic counseling sessions and testing results will be kept confidential to the extent required by law. Your privacy is important to us. Details about our policies governing your information, including the security measures taken, may be found in our Notice of Privacy Practices. You acknowledge receipt of our Notice of Privacy Practices, which describes how we may use and disclose your health information. A copy can also be obtained on our website, or we will send you a paper copy upon request.
6. **Consent to Electronic Communications**. You agree that we may contact you via messaging, email, phone, text, or mail. Those communications may be through our website, app, or otherwise, including electronic communications which may include protected health information (PHI). You understand that communicating via email, text messages, and other electronic means may not be secure, and could be viewed by unintended persons, and you agree to communicate with us via these electronic means. You agree to update your contact information as needed to ensure accuracy in our communications to you. You have the right to opt out of certain of our communications and may do so at any time.
7. **Contacting You with Additional Opportunities:** Arboretum may contact you, as permitted by the law, to share additional opportunities for genetic testing, education, or research that may help you understand your health or your genetic counseling and testing results.
8. **Other Terms and Conditions:** Arboretum's Terms of Service are incorporated by reference and apply to the services provided by us. You acknowledge you have had the opportunity to review the Terms of Service.

By consenting, you acknowledge that you have read and understand the information above, and you voluntarily consent to receive genetic counseling services.