LCB File No. R018-98

PROPOSED REGULATION OF THE BUREAU OF FAMILY HEALTH SERVICES

Proposed Regulation

As mandated by NRS 629 - Section 16, which states:

The state board of health shall by regulation:

- 1. Establish a procedure for obtaining the informed consent of a person pursuant to sections 8 to 18, inclusive, of this act; and
- 2. Prescribe a form for use in obtaining the informed consent of a person. The form must include:
 - (a) Information relating to the use and confidentially of the genetic information of the person set forth in sections 8 to 18, inclusive of this act; and
 - (b) Any other information the state board of health may prescribe.

NAC is hereby amended to read as follows:

Any person, provider of health care, insurer, or government agency requesting genetic test information about an individual or group of individuals, must assure that the individual/individuals have been informed of the provisions of NRS 629 prior to the acceptance of the information. An informed consent releasing this information to a specific individual, company, corporation, health maintenance organization, health insurance company, facility, government agency, provider of health care services, or provider of health care reimbursement must be signed, dated and witnessed in accordance with the provisions of this regulation, and must be kept on file by the entity requesting the information for a period of at least (5) five year, unless otherwise exempted by NRS 629.16..

This informed consent is to be inclusively established by the recipient's possession of a signed, dated, witnessed form using a format and language as prescribed by the State Board of Health. The form must include a statement that the person tested is entitled to receive notice of the results of the test and information relating to the use and confidentiality of the genetic test information of the person as set forth in NRS 629.

Consent for Release of Genetic Test Information

I understand that it is unlawful for anyone to disclose genetic test information in a manner that allows the identification of a person without first obtaining the consent of that person or his legal guardian.

I understand that a health insurance company may not:

• Require a person or any member of his family to take a genetic test.

- Require a person to disclose whether he, or any member of his family, has taken a genetic test.
- Request such information of a person or a member of his family.
- ◆ Determine the rates or coverage of benefits for health care based on such testing or information.

I also understand that:

- ♦ I have the right to receive the results of a genetic test, in writing, within ten working days after the person conducting the test has receipt of the results.
- ♦ The written notice must indicate that the results may not be disclosed to any third person without first obtaining my signed consent.
- ♦ The results of any genetic testing may be distributed to a third party without my consent under certain circumstances in order to comply with a valid court order or when such distribution would substantially aid any criminal investigation; paternity determination; medical diagnosis of a blood relative of a deceased person who has been the subject of genetic testing; identification of a person or a dead human body; or in the determination of the presence of certain inheritable disorders in an infant.

I hereby give my consent for	,
(Name a	nd address of physician/laboratory/other)
to release results of genetic tests done on	2
· ·	(Name of person tested)
to	
(Name and address of person	on or persons to receive information)
This consent form is valid until(Date of e	expiration)
If person tested is unable to sign please indicarhere:	
(Signature of person or Legal Representative)	(Witness)
(Date)	(Date)

(Developed by the State Health Division - BFHS