

**SPECIFIC AUTHORIZATION FOR
GENETIC TEST**

I, _____, consent to the request by
_____ (name of insurer, agent or other person):

(check one)

That I take a genetic test in connection with an application for insurance.

That a genetic test be taken by _____, the individual for whom I am a representative and am authorized to give informed consent for the genetic test in connection with an application for insurance.

I understand that the genetic test to which I am consenting will be used solely to evaluate my application for insurance or the application of the individual for whom I am a representative.

Any consent that I give for the genetic test is completely voluntary. I understand that if I consent to a genetic test, I may subsequently withdraw my consent at any time prior to the test.

A “genetic test” is used to determine whether an individual has a gene or chromosome, or an altered gene or chromosome, or another genetic characteristic, that may determine the existence or risk of a disease, disorder, trait, propensity or syndrome or that may be used for identification.

The results of this test will be used solely for purposes of determining my eligibility for insurance coverage. I understand the following:

- The results may not be used to determine eligibility for health insurance in Oregon.
- The results will be kept confidential and, except as otherwise permitted by law, may be released to third parties only with my prior written consent.
- I have the right to obtain the results of the genetic test upon request.
- The insurer by law must promptly destroy the specimen used for the genetic test after the purpose of the specimen is served, unless retention is authorized by court order.

Name of individual consenting to genetic test Date

Signature of individual consenting to genetic test Date

Signature of individual’s representative Relation to individual Date

Name of insurer, agent or other person that requests the genetic test.