

GenomeConnect
Geisinger Health System
120 Hamm Drive
MC: 60-36
Lewisburg, PA 17837
Toll-free: 1-855-322-7683 Fax: 570-522-9431
Email: info@genomeconnect.org



AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____ Date of Birth: _____

Parent/Guardian's Name _____ Relationship to Patient: _____
(if applicable):

I request and authorize _____ to
release healthcare information of the patient named above to:

GenomeConnect Coordinator
Geisinger Health System
120 Hamm Drive
MC: 60-36
Lewisburg, PA 17837
Toll-free: 1-855-322-7683 Fax: 570-522-9431

This request and authorization applies to: Healthcare information relating to the
following treatment, condition, or dates:

**Reports from all genetic testing, including, but not limited to, microarray, whole
exome, whole genome, next generation sequencing (WES/WGS/NGS) or parental
testing results**

This information will be used as part of the patient's participation in the
GenomeConnect research study. This authorization will expire eighteen months from
the date signed.

Patient or Parent/Guardian Signature: _____

Date Signed: _____