

## AHP - Licensed Genetic Counselor

### CORE CORE LGC PRIVILEGES

These privileges apply to all Licensed California Genetic Counselors and to those with a Temporary California License under the supervision of a licensed genetic counselor. The statute authorizes the holder of a genetic counseling license to engage in the practice of genetic counseling as described below:  
Genetic Counseling.

“Genetic counseling” means providing information to clients regarding the medical, psychological, and familial implications of inherited risks for disease, including interpretation of family and medical histories to assess the chance of disease occurrence or recurrence, and education about inheritance, testing, management, prevention, resources and research.

- (a) Obtaining and evaluating individual, family, and medical histories to determine genetic risk for genetic/medical conditions and diseases in a patient, his/her offspring, and other family members;
- (b) Discussing the features, natural history, means of diagnosis, genetic and environmental factors, and management of risk for genetic/medical conditions and diseases;
- (c) Identifying and coordinating genetic laboratory tests and other diagnostic studies as appropriate for the genetic assessment. Nothing in this subsection shall be construed to authorize a genetic counselor to diagnose or treat any genetic disease or condition or other disease or condition;
- (d) Integrating genetic laboratory test results and other diagnostic studies with personal and family medical history to assess and communicate risk factors for genetic/medical conditions and diseases;
- (e) Explaining the clinical implications of genetic laboratory tests and other diagnostic studies and their results;
- (f) Evaluating the client's or family's responses to the condition or risk of recurrence and providing client-centered counseling and anticipatory guidance;
- (g) Identifying and utilizing community resources that provide medical, educational, financial, and psychosocial support and advocacy; and
- (h) Providing written documentation of medical, genetic, and counseling information for families and health care professionals.

\* Medical Record Keeping requirements for UCSF:

1. Document genetic consultation in the medical record with a signature, date, and time;
  2. Indication for referral (ie. chief complaint);
  3. Patient medical history as reported during patient interview and documented in medical record by managing provider;
  4. Family medical history table completed in APeX and/or
  5. 3-4 generation pedigree;
  6. Diagnosis codes entered for the visit based on medical history, family history, and/or genetic test results;
  7. Genetic risk assessment;
  8. Relevant information regarding specific genetic testing ordered;
  9. Documentation of referrals made and indication;
  10. Follow-up recommendations and plan;
- within genetic counseling scope of practice, approved genetic counseling protocols, and/or available supervision.

11. An LGC may enter orders in the electronic health record for genetic testing that require co-signature by a supervising physician. These orders will be actionable while awaiting that co-signature. An LGC is not otherwise authorized to order diagnostic studies or laboratory tests.

\*\*\*LGC privileges do not include the ability to admit patients

Initial Criteria:

Formal Training: Current Licensure as LGC in the state of California, AND Assessment of Competency will be conducted by the supervising physician or designee until the level of performance is determined to be satisfactory.

Maintenance/Renewal Criteria:

Continuing Medical Education: Documentation of compliance with the California Department of Public Health Genetics Disease Branch, CEU requirements for re-licensure.

Educational activities must relate, in part, to the privileges requested and granted , AND

Competency Assessment:

Current demonstrated competence and documentation of successful genetic counseling to a minimum number of patients, set forth by the Chair/Chief of Department, for the past 24 months based on results of quality assessment/improvement activities and outcomes.

**BASIC Inpatient**

**BASIC Outpatient**

**BASIC Adult**

**BASIC Pediatrics (including Adult Patients with congenital disorders and/or diseases)**

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PRINT NAME - APPLICANT

SIGNATURE

DATE

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PRINT NAME - PROCTOR / SUPERVISING PHYSICIAN SIGNATURE - SUPERVISING PHYSICIAN DATE

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PRINT NAME - DEPARTMENT CHIEF

SIGNATURE - DEPARTMENT CHIEF

DATE

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PRINT NAME - DEPARTMENT CHAIR

SIGNATURE - DEPARTMENT CHAIR

DATE