

## Chapter Gen Couns 4

### PRACTICE AND SUPERVISION

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**Gen Couns 4.01 Scope of practice.** “Genetic counseling,” as defined in s. 448.970 (3), Stats., means to do any of the following:

(1) Obtain and evaluate individual, family, and medical histories to determine genetic risk for genetic or medical conditions and diseases in a patient, a patient’s offspring, and other family members.

(2) Discuss the features, natural history, means of diagnosis, genetic and environmental factors, and management of risk for genetic or medical conditions and diseases.

(3) Identify, coordinate, and order genetic laboratory tests as appropriate for genetic assessment.

(4) Integrate genetic laboratory test results with personal and family medical history to assess and communicate risk factors for genetic or medical conditions and diseases.

(5) Explain the clinical implications of genetic laboratory tests and other diagnostic studies and their results.

(6) Evaluate a patient’s or family’s response to the condition or risk of recurrence and provide patient-centered counseling and anticipatory guidance.

(7) Provide written documentation of medical, genetic, and counseling information for families and healthcare professionals.

**History:** EmR2313: emerg. cr., eff. 9–15–23; CR 23–061: cr. Register May 2024 No. 821, eff. 6–1–24.

**Gen Couns 4.02 Standards of practice.** Genetic counselors shall adhere to the minimum standards of practice of genetic counseling established in the profession, including the following areas:

(1) **REFERRALS.** Referrals are not required but may be accepted from licensed healthcare professionals. Patients may also self-refer for genetic counseling services.

(2) **INFORMED CONSENT.** (a) Any genetic counselor who provides services to a patient shall inform the patient about the availability of reasonable alternatives and about the benefits and risks of these options. The genetic counselor shall obtain consent to perform any services prior to providing them. The reasonable genetic counselor standard is the standard for informing a patient under this section. The reasonable genetic counselor standard requires disclosure only of information that a reasonable genetic counselor would know and disclose under the circumstances.

(b) The genetic counselor’s duty to inform the patient under par. (a) does not require disclosure of any of the following:

1. Detailed technical information that the patient likely would not understand.

2. Risks apparent or known to the patient.

3. Extremely remote possibilities that might falsely or detrimentally alarm the patient.

4. Information in emergencies where failure to provide certain information would be more harmful to the patient than giving the information.

5. Information in cases where the patient is incapable of consenting.

6. Information about reasonable alternatives for any condition the genetic counselor has not included in the genetic coun-

selor’s diagnosis at the time the genetic counselor informs the patient of the diagnosis.

(c) A genetic counselor’s patient record shall include documentation that reasonable alternatives have been communicated to the patient and informed consent has been obtained from the patient as required under par. (a).

(3) **RECORDKEEPING.** (a) When patient healthcare records are not maintained by a separate entity, a genetic counselor shall ensure patient healthcare records are maintained on every patient for a period of not less than 10 years after the date of the last entry, or for a longer period as may be otherwise required by law.

(b) A patient healthcare record shall contain all of the following clinical health care information that applies to the patient’s medical condition:

1. Pertinent patient history.

2. Pertinent objective findings related to examination and test results.

3. Assessment or diagnosis.

4. Recommendations for the patient.

(c) Each patient healthcare record entry shall be dated, shall identify the genetic counselor, and shall be sufficiently legible to allow interpretation by other healthcare practitioners.

**History:** EmR2313: emerg. cr., eff. 9–15–23; CR 23–061: cr. Register May 2024 No. 821, eff. 6–1–24.

**Gen Couns 4.03 Supervision.** (1) **TEMPORARY LICENSEES.** A person with a temporary license authorized in s. Gen Couns 2.02 shall practice under the supervision of a licensed genetic counselor or physician. The supervising licensed genetic counselor or physician shall be available to the temporary licensee either in-person or via electronic contact methods at all times while performing genetic counseling services. Electronic contact methods may include audio, video, or data only communication methods that are not necessarily conducted in real-time.

(2) **UNLICENSED ASSISTANTS.** An unlicensed person assisting in the practice of a licensed genetic counselor shall perform such assistance under the supervision of that licensed genetic counselor. The supervising licensed genetic counselor or physician shall be available to the unlicensed assistant at all times while assisting in the practice of genetic counseling. Supervisory duties for unlicensed assistants may not be delegated to other staff unless they are also licensed as a genetic counselor or a physician.

(3) **GENETIC COUNSELING STUDENTS.** A genetic counseling student assisting in the practice of a licensed genetic counselor may perform such assistance under the supervision of a licensed genetic counselor or physician as long as that practice is within the scope that student’s genetic counseling education and training. The supervising licensed genetic counselor or physician shall be available to the genetic counseling student either in-person or via immediate virtual supervision methods. Immediate virtual supervision methods include any audio, video, or data communication method conducted in real-time. Genetic counseling students shall be supervised at all times while present in the facility they are practicing in.

**History:** EmR2313: emerg. cr., eff. 9–15–23; CR 23–061: cr. Register May 2024 No. 821, eff. 6–1–24.

**Gen Couns 4.04 Unprofessional conduct.** Acts of unprofessional conduct are subject to discipline under s. 448.9707. “Unprofessional conduct” includes the following, or aiding or abetting the same:

(1) Violating or attempting to violate subch. VIII of ch. 448, Stats., or any provision of a rule or order of the board.

(2) Knowingly making or presenting or causing to be made or presented any false, fraudulent, or forged statement, writing, certificate, diploma, or other item in connection with any application for licensure.

(3) Practicing fraud, forgery, deception, collusion, or conspiracy in connection with any examination for licensure.

(4) Engaging in false, fraudulent, deceptive, or misleading billing practices.

(5) Giving, selling, buying, bartering, or attempting to give, sell, buy, or barter any license.

(6) Engaging or attempting to engage in practice under any license under any given name or surname other than that under which originally licensed to practice in this or any other state. This subsection does not apply to change of name resulting from marriage, divorce, or order by a court of record.

(7) Any practice or conduct which may constitute a danger to the health, welfare, or safety of a patient or the public.

(8) Practicing or attempting to practice under any license when unable to do so with reasonable skill and safety to patients.

(9) Practicing or attempting to practice under any license beyond the scope of that license.

(10) Offering, undertaking, or agreeing to treat or cure a disease or condition by a secret means, method, device, or instrumentality or refusing to divulge to the board upon demand the means, method, device, or instrumentality used in the treatment of a disease or condition.

(11) Representing that a manifestly incurable disease or condition may be or will be permanently cured.

(12) Representing that a curable disease or condition can be cured within a stated time, if this is not the case.

(13) Knowingly making any false statement, written or oral, in practicing under any license, with fraudulent intent.

(14) Obtaining or attempting to obtain any professional fee or compensation by any form of fraud or deceit.

(15) Willfully divulging a privileged communication or confidence entrusted by a patient or deficiencies in the character of the patient observed in the course of professional attendance, unless lawfully required to do so.

(16) Engaging in uninvited, in-person solicitation of actual or potential patients who, because of their particular circumstances, are vulnerable to undue influence.

(17) Engaging in false, misleading, or deceptive advertising.

(18) Having a license or other credential granted by another state or any agency of the federal government which becomes limited, restricted, suspended, or revoked, or having been subject to other adverse action by a state licensing authority or any agency of the federal government including the denial or limitation of an original credential, or the surrender of a credential, whether or not accompanied by findings of negligence or unprofessional conduct.

(19) Conviction of any crime the circumstances of which substantially relate to the practice of genetic counseling. A certified copy of judgement of a court record showing such conviction, within this state or without, shall be presumptive evidence.

(20) Unlicensed practice of genetic counseling.

(21) Violating any law or administrative rule or regulation, the circumstances of which substantially relate to the practice of genetic counseling.

(22) Failing to report to the board or to institutional supervisory personnel any violation of the rules of this chapter by a licensee.

(23) Engaging in inappropriate sexual contact, exposure, gratification, or other sexual behavior with or in the presence of a patient. For purposes of this subsection, an adult receiving genetic counseling services shall continue to be a patient for 2 years after the termination of professional services. If the person receiving genetic counseling services is a minor, the person shall continue to be a patient for the purposes for this subsection for 2 years after the termination of services, or for 2 years after the client reaches 18 years of age, whichever is longer.

(24) Discriminating on the basis of age, race, color, biological sex, gender, gender identity, religion, creed, national origin, ancestry, ethnicity, disability, or sexual orientation by means of service provided or denied.

**History:** EmR2313: emerg. cr., eff. 9–15–23; CR 23–061: cr. Register May 2024 No. 821, eff. 6–1–24; correction in (17), 24 made under s. 35.17, Stats., Register May 2024 No. 821.