



FAMILY SERVICE & GUIDANCE CENTER, INC.

(785) 232-5005

Completing the Use And Disclosure (U & D)

It is very important to complete the U & D as follows.

Complete a separate U & D for each agency/person relevant for this client.

- 1) **Demographics** - Complete client name, DOB and SSN.
- 2) **Authorizing Person** - Write in your name.
- 3) **Information to Release / Obtain** - For each U & D you will need to determine the relevant information to be released/obtained and **initial each of those spaces.**
- 4) **Form(s) of Communication** – FSGC honors three types of communication; Mail (Paper), Electronic (Email) and Verbal (Face to Face or Telephone). Please initial the form(s) of communication authorized.
- 5) **Restrictions** - If there are any restrictions, please note them in the appropriate box.
- 6) **Authorizing Information To / From** - At the bottom of the front page the person/agency's full name and address are necessary.
- 7) **Purpose or Need for Disclosure** - On the reverse side of the form you will need to initial the "Purpose or Need for Disclosure" choice(s).
- 8) **Statements of Understanding** - Please read Statements of Understanding. By signing the U & D you acknowledge your awareness of these conditions.
- 9) **Expiration Date / Event** - Regarding the expiration of the U & D there are 2 choices: date of your choosing (not to exceed one year) or "upon the described event" such as the termination of services (not to exceed one year).
- 10) **Signatures** -
If the legal guardian is an agency, you will need to sign the U & D and have it witnessed by an intra-agency staff person.
If the authorizing person is an individual: you will need to sign the U & D in front of a witness and notary and **have the U & D notarized.**

Please leave the CMHC USE ONLY box blank.

Releases Recommended:

- ❖ SRS
- ❖ Primary Care Physician
- ❖ School
- ❖ Foster Care / Adoption Agency
- ❖ Foster Parents
- ❖ Other agency or clinician