

Medical Records
National Headquarters
4085 Independence Dr
Schnecksville, PA 18078

610-799-8822
610-799-8820 Fax

800-25-PEACE

www.kidspeace.org



A Requestor's Directions for completing KidsPeace Release of Information Form

Please ensure the following items are completed:

- Client's Name
- Client's Date of Birth
- Name, address, telephone number of individual and/or Company the documents requested will be going to.
- Purpose – please provide the reason for the request of documents
- “Information to be **RELEASED** is:” – please check **ALL** documents which are being requested to be released.

NOTE: Checking Other and stating “all medical records” is not acceptable.

- Effected to and from dates, please put in DD/MM/YYYY format. The effective date is to be no more than 12 months.
- Check “yes” or “no” if the individual signing to release the documentation wishes to review the documentation prior to KidsPeace forwards the documentation.
 - If yes, a separate Release of Information Form would need to be completed to release the information to yourself.
 - Please note there would be a charge per page.
- Client over the age of 14 would needs to sign and date the form.
- Client under the age of 14 the parent or legal guardian needs to sign and date the form.
- A witness signature and date on the form.

**ALL OF THESE ITEMS ABOVE ARE REQUIRED BEFORE
WE ARE ABLE TO PROCESS THE RELEASE OF INFORMATION REQUEST.**

Note:

KidsPeace may charge for copies of records in some instances. Our charges are as follows:

\$ 1.51	Amount charged per page for pages 1-20
\$ 1.12	Amount charged per page for pages 21-60
\$ 0.38	Amount charged per page for pages 61-end
\$ 2.23	Amount charged per page for microfilm copies
\$28.48	Flat fee for Social Security/ Disability

Payment is not required with the completed authorization. An invoice will be included with the requested records containing information on where to mail your payment.