

Medical Records

National Headquarters

610-799-8820

800-25-PEACE

www.kidspeace.org

4085 Independence Dr  
Schnecksville, PA 18078

610-799-8820 Fax



KidsPeace®

Please ensure the following items are completed:

- Client's Name
- Client's Date of Birth
- 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.

Effective to and from dates, please put in DD/MM/YYYY format. The effective date is to be no more than 12 months.

KidsPeace forwards the documentation.

If you, 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 need to sign and date the form.
- Client under the age of 14 the parent or legal guardian needs to sign and date the form.

Signature, date and date of request.

WE ARE ABLE TO PROCESS THE RELEASE OF INFORMATION REQUESTS.

**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

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