

## DISCLOSURE FORM for PaTLA Medical Malpractice Section E-mail Listserv

A completed disclosure form must be submitted for each representation in accordance with warranty 1 part (c) in the affidavit for participation in PaTLA Med Mal Section listserv:

“Neither I nor anyone with whom I practice law represents or is retained or consulted by: (a) any medical liability insurance company; (b) any self-insured healthcare entity; or (c) physicians, hospitals, or other healthcare providers (except in an occasional general business capacity or as personal counsel, in which case each representation will be disclosed to all listserv members by my completion of a disclosure form and posted on an online list available for viewing by any listserv member.)”

Listserv member name \_\_\_\_\_

Firm name \_\_\_\_\_

Name of physician, hospital or other healthcare provider \_\_\_\_\_

Name of plaintiff attorney (if different from listserv member name) \_\_\_\_\_

Nature of representation \_\_\_\_\_

Date \_\_\_\_\_

In accordance with the affidavit, this information will be circulated via e-mail to the listserv and added to an online list available for viewing by any Med Mal Section listserv member at:  
[http://www.patla.org/membonly/med\\_mal\\_listserv.htm](http://www.patla.org/membonly/med_mal_listserv.htm)

DISCLOSURE FORM  
3/28/2002

**MAIL TO: Med Mal Section Listserv  
Pennsylvania Trial Lawyers Association  
Suite 600, 121 S. Broad St., Philadelphia, PA 19107-1997**