



RELEASE OF INFORMATION FORM

777 East Park Drive & P.O. Box 8820
& Harrisburg, PA 17105-8820 &
Telephone: (717) 558-7819 & Fax: (717) 558-7818
& Toll Free: (866) 747-2255 &

Send information to: Name: EVELYN S. BERWICK
Company: EVELYN S. BERWICK, M.D.
Address: 1524 TRETTER DRIVE
Address: PITTSBURGH PA 15227
Address: _____
FAX NUMBER: _____

From: Physicians' Health Programs

RE: CLIENT CONSENT FOR DISCLOSURE OF INFORMATION

Name of client: EVELYN S. BERWICK M.D.

Purpose or need for disclosure: Credentialing
 Compliance with PHP Agreement
 Licensure (Detailed)
 Other: Disclosure

Extent or nature of information to be disclosed: Quarterly Standard Information Letter
 Standard Information Letter
 Detailed Information Letter

Date, event, or condition upon which consent expires: INDEFINITE

THIS CONSENT IS SUBJECT TO REVOCATION AT ANY TIME EXCEPT TO THE EXTENT THAT ACTION HAS BEEN TAKEN IN RELIANCE THEREON.

Evelyn S Berwick MD
Client Signature

11-16-02
Date

Information letters (a summary of your involvement with the PHP program) must be paid for in advance. Standard letters are \$10.00. Detailed letters are \$25.00. If RUSH letters are requested, an additional \$10.00 fee will be charged. Please list your payment option below:

AMOUNT \$ 35.00

Check is enclosed. (Please make check payable to Physicians' Health Programs or PHP.)
 Please charge my MasterCard. Exp. Date: _____
 Please charge my VISA Card 4719 2251 2692 6564 Exp. Date: 09-06

Evelyn S Berwick MD
Cardholder Authorization