

# Steven Saliterman, MD, FACP

P.O. Box 323  
Hopkins, MN 55343

# Authorization for Release of Information

By completing and signing this form you are authorizing Steven Saliterman, MD to release the information marked below. Our Notice of Privacy Practices may be viewed on our website at [www.drshaliterman.com](http://www.drshaliterman.com), or may be requested in printed form.

See Sending Instructions below\*.

<b>Patient</b>	Patient Name		Chart No. (necessary)		Previous Last Name (if any)		
	Street Address					Date of Birth	
	City		State	ZIP Code		Phone#	
<b>Information to be released (select any)</b>	<input type="checkbox"/> Clinic notes from last evaluation		<input type="checkbox"/> HIV or AIDS records				
	<input type="checkbox"/> Clinic notes for the past two years		<input type="checkbox"/> Chemical dependency notes				
	<input type="checkbox"/> Clinic notes for the past five years		<input type="checkbox"/> Other instructions: _____				
	<input type="checkbox"/> Mental health notes						
	We will include most consultation, hospital admission and discharge notes, pathology reports, x-ray and other imaging reports with your clinic notes. A typed summary of physician notes may be sent if appropriate. If the purpose below is for transfer or continuing care, we may electively send additional older notes or the entire chart depending on relevancy. Contact your hospital or other care facility directly for their records or CD of imaging studies if needed. For billing records contact ProSource at 763-561-5986.						
<b>Purpose for release</b>	<input type="checkbox"/> Transfer of care ( <i>copies sent to physician</i> )		<input type="checkbox"/> Disability ( <i>no fee for SSD petition</i> )				
	<input type="checkbox"/> Coordination of care ( <i>e.g. consultation, hospital</i> )		<input type="checkbox"/> Personal ( <i>fee applies; copies sent to your home and not a business address, allow up to two weeks</i> )				
	<input type="checkbox"/> Obtaining insurance ( <i>fee applies</i> )		<input type="checkbox"/> Legal ( <i>fee applies, attach request</i> )				
	<input type="checkbox"/> Moving out of town ( <i>copies sent to physician</i> )		<input type="checkbox"/> Other _____				
<b>Copy Fees</b>	There is a fee required based on Minnesota Statute 144.292 for personal copies of your medical history or copies sent to insurance companies, attorneys and others unless described above. You (or requesting insurance company or attorney) will be notified in writing of the fee amount in advance of records being copied.						
<b>To whom should the information be released?</b>	Provider and clinic name, insurance company, attorney, or patient name			Phone (necesssary)		Fax (Important to include)	
	Street Address		City	State	Zip	Email (Include if available)	
<b>Method of Delivery?</b>	<input type="checkbox"/> Mail † <input type="checkbox"/> It is also acceptable to fax or email to the physician or clinic noted above. † Copies sent to another physician may be mailed on paper or CD. Records purchased by a patient for personal use are mailed only after the appropriate fee has been paid.						
<b>Authorization and Revocation</b>	<b>I authorize Dr. Steven Saliterman to release the information marked above.</b> I understand I need not sign this form in order to assure treatment or payment. I understand that upon release, this health information is no longer protected by Dr. Steven Saliterman and has the potential to be re-disclosed by the recipient. <b>I understand there may be a charge for my records per Minnesota Statute 144.292. Revocation:</b> I understand that this authorization will be valid for 12 months from the date signed. I understand that I may cancel this authorization by sending a written request to Dr. Steven Saliterman, and that cancellation will only take effect when Dr. Saliterman receives my written notice.						
	Patient Signature					Date	
	If other than patient, state relationship and reason patient unable to sign						
<b>*Sending Instructions</b>	Mail this form to the address above. The clinic closed on <b>September 30, 2014</b> . Please see the website for updated information. There is no phone, fax or email service.						