

Sanford / Fairview Merger Community Input Form



The Office of the
Minnesota Attorney General
helping people afford their lives and live with dignity, safety, and respect

Your Information

Your Name

Primary Phone

Street Address

Alternate Phone

City, State, Zip

Email

What is your major concern, if any?

Less health care or fewer health insurance options
(reduced competition or choices)

Reproductive Health Limitations

Moving Minnesota Assets/Resources Out of State

Use of Fairview Charitable Assets

Concerns about Sanford

Other _____

What is your connection to this proposed merger?

Consumer (Patient)

Health Care Provider (Doctor, Nurse, etc.)

Health Insurance

Employee of Sanford

Employee of Fairview

Employee of the University of Minnesota

Pharmacy

Other _____

Comments or Concerns

(Please provide detail regarding your support for or concern about the proposed merger)

By signing below, I consent to and acknowledge the following terms: (a) the Minnesota Attorney General's Office is collecting, and will use, the information I provide for the purpose of reviewing the proposed merger of Sanford Health and Fairview Health Services; (b) the information I provide will be accessible to employees and agents of the Minnesota Attorney General's Office whose work assignments reasonably require access; (c) the information I provide shall be treated as "not public" information under the Minnesota Government Data Practices Act, see Minn. Stat. §§ 13.39, subd. 2(a), 13.65, subd. 1(c), (d), and shall not be used or disseminated except as authorized under the Act, other applicable state or federal law, or court order; (d) I am not legally required to provide information, but failing to do so may render it more difficult to address my concern(s).

Signature

Date

Please mail completed, signed form (and any attachments) to:
Office of Minnesota Attorney General Keith Ellison, 445 Minnesota Street, Suite 1400, St. Paul, MN 55101.