



Authorization to Disclose PHI to Personal Representative

Return completed Request to:

**Southern Star Privacy Officer
 Southern Star Central Gas Pipeline, Inc.
 4700 Highway 56
 Owensboro, KY 42301
 Fax: 270/852-5017**

I hereby request my Personal Health Information (PHI) be disclosed by Southern Star to the individual set forth below and authorize Southern Star to make such disclosures. I represent this person is my authorized personal representative. I release Southern Star from any and all liability, charges, or claims of any form arising directly or indirectly from its disclosing PHI to the person named in this Request provided Southern Star has not received a revocation of this Request from me. I have enclosed documentation (for example, a copy of a durable Power of Attorney) proving the individual set forth below is my authorized personal representative under state law.

My Name: _____
Last First

My SSN: _____ - _____ - _____ **My Telephone:** (____) _____ - _____

My Address: _____
Street/Apartment

City, State, Zip

Authorized Representative's Name: _____
Last First

Authorized Representative's Telephone: (____) _____ - _____

Authorized Representative's Address: _____
Street

City State Zip Code

REMEMBER TO ATTACH LEGAL DOCUMENT, VALID UNDER STATE LAW, APPOINTING PERSONAL REPRESENTATIVE!

Signature (Insured or Authorized Representative): _____

Dated: _____

To be completed by Human Resources

Date Request Received _____ Date Request/Evidence filed _____