



Authorization to Disclose PHI to Spouse/Parent of Dependent

Return completed Authorization to:

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

For use by Insured to enable spouse to receive PHI and by covered dependent aged 18 or over to enable Insured to receive PHI. In all other instances, the Authorization to Disclose Private Health Information to Personal Representative must be used.

Southern Star Central Gas Pipeline, Inc. employees in the Human Resources and Payroll departments that provide administrative support, in Southern Star's role as plan sponsor, for various Health Plans subject to HIPAA, are hereby fully authorized to Disclose my Private Health Information (PHI) it receives, creates, or maintains to the individuals listed below who are actively involved in my care and/or payment relating to my care and I release them from any liability for so doing. This Authorization shall remain in full force and effect unless and until I revoke it using Southern Star's Revocation of Authorization to Disclose PHI form.

My Name: _____
Last First

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

My Address: _____
Street/Apartment **My Email:** _____
City, State, Zip

Authorized Representative's Name: _____
Last First

Signature (Insured or Authorized Representative): _____

Dated: _____

Person(s) to whom I authorize the disclosure of my PHI:

Name: _____ Relation to me: _____
Last First

Name: _____ Relation to me: _____
Last First

To be completed by Human Resources

Date Authorization Received _____ Date Authorization filed _____