



Request for Notice of Privacy Practices

Return completed Request to:

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

Please provide me with a copy of Southern Star's Notice of Privacy Practices. I understand that the requested copy will be mailed by Southern Star to the name and address I provide, below, within 30 days of Southern Star's receipt of this Request. Receipt is defined as the day the Request is delivered to Southern Star from the carrier with which I sent this Request. I understand I am not entitled to a copy of the Notice of Privacy Practices unless I am the named insured or covered, eligible dependent of the same on a Southern Star Health Plan subject to HIPAA. I understand that I may receive Notices of Privacy Practices directly from certain vendors Southern Star has contracted with to provide Health Plans subject to HIPAA.

Name _____
Last First

Address _____

City State Zip Code

_____ Signature _____ Date

To be completed by Privacy Officer

Date Request Received _____

Is requestor the named insured or covered eligible dependent? (Must check one, below)

YES. Attach copy of Request to Emailed Notice of Privacy Practices. Date emailed _____

NO. Attach copy of Request to Explanation of Rejection of Request. Date sent _____

Date copy of Request and Response filed _____