SOUTHERN STAR®
CENTRAL GAS PIPELINE

Request for an Accounting of PHI Disclosures

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 an accounting of disclosures of my Personal Health Information (PHI) received, created, or maintained by Southern Star in the manner set forth below. I understand I may request this accounting free of charge once every 12-month period; however, more frequent requests shall result in a reasonable, cost-based fee including but not limited to the cost of copying (supplies and labor), postage (including mailing supplies), and preparation expenses. I understand I am not entitled to disclosures of PHI under the circumstances set forth in the Notice of Privacy Practices.

My Name: _____ _____
Last First

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

My Address: _____ **My Email:** _____
Street/Apartment

_____
City, State, Zip

Authorized Representative's Name: _____ _____
Last First

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

Signature (Insured or Authorized Representative): _____

Dated: _____

Time period for disclosures requested: _____
_____

To be completed by Human Resources

Date Request Received _____ Date Request filed _____

Is specified time period ≤ six (6) years, not prior to April 5, 2004? _____ YES or _____ NO (If > 6 years, only supply 6 years)

Has another Request been received in previous 12 months? _____ YES or _____ NO (If so, calculate reasonable costs.)
Reasonable costs incurred _____ Date invoice sent _____

If granted, date Accounting sent _____

If denied, date Denial sent _____ Date Denial filed _____
Reason for Denial _____