



Request to Access PHI

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 access to my Personal Health Information (PHI) received, created, or maintained by Southern Star that may have been used to make decisions about my benefits so that I may inspect and copy the same. I understand the procedures for and restrictions on access to PHI as detailed on Southern Star's Notice of Privacy Practices. I understand I may only make this request once annually free of charge.

My Name: _____
Last First

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

My Address: _____
Street/Apartment

City, State, Zip

My Email: _____

Authorized Representative's Name: _____
Last First

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

Signature (Insured or Authorized Representative): _____

Dated: _____

Please check one:

- I wish to inspect my PHI on site. I understand that such inspection must be arranged in advance, at a mutually convenient time, during normal working hours.
- Email my PHI to me.
- Mail my PHI to me.

To be completed by Human Resources

Date Request Received _____ Date Request filed _____

Date/time of on-site inspection _____ or Date copies sent _____

If denied, date denial sent _____ Date Denial filed _____

Additional charges incurred _____ Date invoiced for additional charges _____