



Request to Amend 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 to amend my Personal Health Information (PHI) maintained by Southern Star in the manner set forth below. I believe the identified is either incorrect or incomplete and have enclosed supporting evidence along with this Request. I understand Southern Star may deny this Request on the bases set forth in the Notice of Privacy Practices. If the Request is granted, I hereby give permission to Southern Star to notify the relevant persons with which the amended PHI needs to be shared (including but not limited to those who have received the PHI, Business Associates, or other persons Southern Star knows has the PHI and have relied or could have relied upon the un-amended PHI to my detriment).

My Name: _____
Last First

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

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

Authorized Representative's Name: _____
Last First

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

Signature (Insured or Authorized Representative): _____

Dated: _____

Specific PHI believed to be incorrect or incomplete: _____

Specific reasons why PHI identified above is incorrect or incomplete: _____

Description of evidence included to support this Request: _____

To be completed by Human Resources

Date Request Received _____ Date Request filed _____
 If granted, date of amendment to PHI _____ Date Denial filed _____
 If denied, date denial sent _____