



Request to Restrict of Use & Disclosure of 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 that Southern Star restrict the use of my Private Health Information (PHI) it maintains in the manner and for the reason set forth below. I understand that Southern Star is not required to grant this request and that if it denies this request, it will send a Denial Notice to me/my Authorized Representative within thirty (30) days of its receipt of this Request.

My Name: _____
Last First

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

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

My Email: _____

Authorized Representative's Name: _____
Last First

Signature (Insured or Authorized Representative): _____

Dated: _____

Element of PHI for which restriction is requested (for example, social security number, address, etc.): _____

Type of restriction requested (for example, a request that a specific Southern Star Human Resource or Payroll employee not have access):

Detailed reason for restriction requested: _____

To be completed by Human Resources

Date Request Received _____	Date Request filed _____
Request granted: <input type="checkbox"/> YES or <input type="checkbox"/> NO	If denied, date Denial Notice sent _____
	Date Denial Notice filed _____