SOUTHERN STAR®
CENTRAL GAS PIPELINE

Revocation of Authorization to Disclose PHI

Return completed Revocation of Authorization to:

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

I hereby revoke my previous Authorization to Disclose PHI for the individuals listed below. I understand this revocation will become effective only upon its receipt by Southern Star.

My Name: _____ _____
Last First

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

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

Authorized Representative's Name: _____ _____
Last First

Signature (Insured or Authorized Representative): _____

Dated: _____

Person(s) to whom I authorize the disclosure of my PHI:

Name: _____ _____
Last First

Name: _____ _____
Last First

To be completed by Human Resources

Date Revocation Received _____ Date Revocation filed _____