

POLICIES AND PRACTICES FOR STORING, RETRIEVING, ACCESSING, RETAINING, AND DISPOSING OF RECORDS IN THE SYSTEM:**STORAGE:**

File folders, magnetic tapes, CD ROM and secure network servers.

RETRIEVABILITY:

Information can be retrieved by respondent name and address. However, this information is not stored in routinely used analytic files.

SAFEGUARDS:

AHRQ and its contractors implement personnel, physical, and procedural safeguards as follows:

1. Authorized Users: Access is limited to persons authorized and needing to use the records, including project directors, contract officers, interviewers, health care researchers and analysts, statisticians, statistical clerks and data entry staff on the staffs of AHRQ and the MEPS contractors.

2. Physical safeguards: The hard-copy records are stored in locked safes, locked files, and locked offices when not in use. Computer terminals used to process identifiable data are located in secured areas and are accessible only to authorized users. Automated back-up files are stored in locked, fire proof safes.

3. Procedural safeguards: All employees of AHRQ and contractor personnel with access to AHRQ records are required, as a condition of employment, to sign an affidavit, acknowledging AHRQ's confidentiality statute and penalty provision and binding themselves to nondisclosure of individually identifiable information. Periodic training sessions are conducted to reinforce the statutorily-based confidentiality restrictions. Actual identifiers are maintained in separate files linked only if there is specific need as authorized by the System Manager. Data stored in computers both at AHRQ and the contractor sites are accessed through the use of passwords/keywords unique to each user and changed at least every 45 days. An automated audit trail will be maintained. Contractors who maintain records in this system are instructed to make no further disclosure of the records other than those requested by AHRQ/CFACT. Privacy Act requirements and the restrictions of 42 U.S.C. 242m(d) are specifically included in contracts for survey, research and data processing activities related to this system. The DHHS project directors, contract officers and project officers oversee compliance with these confidentiality and security requirements.

4. These safeguards are in accordance with chapter 45–13, "Safeguarding Records Contained in Systems of Records," of the HHS General Administration Manual, supplementary chapter PHS hf. 45–13; Part 6, "ADP Systems Security," of the HHS ADP Systems Manual, and the National Bureau of Standards Federal Information Processing Standards (FIPS Pub. 41 and FIPS Pub. 31).

RETENTION AND DISPOSAL:

Hard-copy records will be burned or shredded following verification that such data were correctly entered into a machine readable format.

SYSTEM MANAGER(S) AND ADDRESS:

Director, Division of Survey Operations, CFACT/AHRQ, 540 Gaither Road, Rockville, MD. 20850

NOTIFICATION PROCEDURE:

To determine if a record exists, write to the System Manager, giving your full name and address.

RECORD ACCESS PROCEDURES:

The system is exempt from the requirements of the Privacy Act; however, a subject individual may be granted access to his/her records at the System's Manager's discretion. Positive identification is required from anyone seeking such access.

CONTESTING RECORD PROCEDURES:

If access has been granted and some information is being contested, contact the System Manager and reasonably identify the record, specify the contested information, and state the corrective action sought, with supporting information to show how the record is inaccurate, incomplete, untimely, or irrelevant.

RECORD SOURCE CATEGORIES:

Respondents in the survey samples including: members of households, physicians, hospitals, health insurers, employers, staff of nursing and personal care homes, the next-of-kin of residents of such homes and facilities, and Systems 09–70–0005, Medicare Bill File (Statistics), HHS/HCFA/BDMS.

SYSTEMS EXEMPTED FROM CERTAIN PROVISIONS OF THE ACT:

With respect to this system of records, exemption has been granted from the requirements contained in subsections 552a(c)(3), (d)(1) through (4) and (e)(4)(G) and (H), in accordance with the provisions of subsection 552a(k)(4) of the Privacy Act of 1974. This system has been exempted because it contains only records which are required by statute to

be maintained and used solely as statistical records.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Disease Control and Prevention**

[60Day–04–35]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 498–1210.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–E11, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project: The National School-based Youth Risk Behavior Survey, OMB No. 0920–0493—Reinstatement—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

The purpose of this request is to renew OMB clearance to continue an ongoing biennial survey among high school students attending regular public, private, and Catholic schools in grades 9–12. Data will be collected in the Spring of 2005 and the Spring of 2007 and will assess priority health risk behaviors related to the major preventable causes of mortality, morbidity, and social problems among

both youth and adults in the U.S. OMB clearance for the 2003 YRBS survey expired November 2003, OMB No. 0920-0493. Data on the health risk behaviors of adolescents is the focus of approximately 40 national health objectives in Healthy People 2010. The Youth Risk Behavior Survey provides

data to measure at least 10 of these health objectives and 3 of the 10 Leading Health Indicators. In addition, the Youth Risk Behavior Survey can identify racial and ethnic disparities in health risk behaviors. No other national source of data measures as many of the 2010 objectives that address behaviors

of adolescents. The data also will have significant implications for policy and program development for school health programs nationwide. The estimated annualized burden over the three-year period is 6,115 hours. There is no cost to respondents.

Respondents	Number of respondents (05-07)	Number of responses per respondent	Average burden per response (in hrs)	Total burden (in hrs) (05-07)
High School Students	24,000	1	45/60	18,000
School Administrators	690	1	30/60	345
Total				18,345

Dated: March 29, 2004.

Joseph E. Salter,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-04-36]

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Proposed Project

Syndromic Surveillance Capacity—New—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC). Syndromic surveillance is a term used to describe a broad spectrum of activities intended to detect a disease outbreak earlier than traditional reportable disease surveillance. These activities involve the collection and

analysis of multiple types of data indicating prodromal signs and symptoms of disease. These data generally precede diagnosis or laboratory confirmation.

It is estimated that as many as 100 State or local health departments have begun collecting one or more types of syndromic data to enhance their early detection capabilities. CDC provides support to State and local health departments in the form of surveillance expertise, analytical methods, and information technology. In order to assess the use and effectiveness of the various types of syndromic surveillance being piloted at the State and local level, CDC must collect information on the types and number of data sources, methods of collection and analysis, time requirements, personnel requirements, and evaluations performed.

This project will consist of a web-based questionnaire available to pre-determined State and local health departments. Answers to ten multiple-choice questions with pull-down menus will be solicited. CDC will analyze the responses and use the information to facilitate coordination and planning of syndromic surveillance systems at the State and local level. There is no cost to the respondents.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (hours)	Total burden (hours)
1	100	10	6/60	100
Total				100