Attachment 7

Back-up Material

Attachment 7A

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Attachment 7D

CHIS Sampling and Methodology TAC Roster

CHIS 2005 Sample Design and Survey Methodology

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Data Disclosure Advisory Committee

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Attachment 7G

CHIS Data Security Policies

California Health Interview Survey (CHIS)
Data Security Policies

The data collection contractor for the California Health Interview Survey will have the primary responsibility to ensure the protection of any identifiable data on respondents. In its contract, the data collection contractor will be required to abide by the UCLA human subject research guidelines. Specific confidentiality protection procedures follow:

- **Secured Electronic Access to Raw Data:** All data will be stored electronically on computers with secured access. Only designated individuals will have access to the raw survey data.
- **Secured Backup of Data:** Backups of data files will be stored in a separate locked facility. Access to these files will be limited to designated individuals and only in case of emergency (e.g. primary data source destroyed by fire).
- **Consent for Contact Information:** After confirming or providing their address information near the end of the survey, the CHIS adult respondents are asked if they would be willing to participate in follow-up surveys. Respondents are provided with three choices: (1) Yes; (2) Maybe; and (3) Definitely No. If respondents answer "yes" or "maybe," they are considered to have given contact consent to be re-contacted for follow-up studies. If the respondent refuses, then the interviewer will thank the respondent for participating in the survey and terminate the interview.
- **Separation of Contact Data from other Data:** At the completion of data collection, Westat will separate the contact data (name and address, if collected, as well as telephone numbers) and any other data items that may reveal the identity of the respondent (e.g. birthdate). This information will be stored in an ID file, which will be archived with secured access.
- **Data Deliverables without Respondent Identifiers:** The data collection contractor will deliver to the CHIS PI at the UCLA Center for Heatlh Policy Research the analysis data files without the ID file. Only month and year of birth will be included in the analysis files delivered to the Center..
- **Destruction of the ID File:** This information will be stored in two separate ID files: one that contains contact data on respondents who have agreed to be re-contacted for potential follow-back studies (ID_Recontact_OK) and another that contains information on all other CHIS respondents. The ID file for potential follow-back study participants (ID_Recontact_OK) will be archived by the data collection contractor for five years effective at the completion of the data collection. Unless requested by the CHIS PI at UCLA for an extension, the ID file (ID_Recontact_OK) will be destroyed at the end of the five-year period. The ID file for CHIS respondents who have not agreed to be re-contacted for follow-back studies (ID_No_Recontact) will be maintained for 90 days after delivery of the final data file and then destroyed.
- **Authorization for Use of the ID File:** Any person wishing to use the ID file for a follow-back study during the archive period will be required to seek review and authorization by both the CHIS Principal Investigator at UCLA and their home institution's Institutional Review Board, which must have a Multi-Party Assurance Agreement with the federal government. Authorized users of the ID file will be required to sign an agreement indicating that the data will be used for research purposes only and that the identity of the respondents will not be revealed to unauthorized individuals or in any reports. Only the CHIS survey data contractor, will be authorized to re-contact subjects on behalf of the California Health Interview Survey.

Release of Data: To meet the overall objectives of CHIS, data files (not the ID file) will be distributed to project funders. Files designated for public use will be further edited to prevent analysis that could allow identification of individual respondents. Steps include removing all information that may be used to identify a respondent (e.g. birth month, highly specific ethnicities), topcoding outlier variables such as income or other continuous variables that may lead to disclosure, removal of sensitive data, and adding noise to records that could identify members of small populations. In addition, public use files provided to local health departments will be only be released at the stratum level. All strata have a minimum population of 100,000. Public use files available on the Internet will present statewide data only, and will contain no sub-state geographic identifiers.

CHIS data estimates will be presented through an internet-based system for tailored and descriptive statistics, called *Ask*CHIS. Queries can be posed and responses generated automatically in graphical or tabular format and provided to requesters on-line. Algorithms that suppress estimates with small numbers and with sensitive data have been implemented to prevent disclosure of confidential.

Data involving small geographic areas will only be available to authorized researchers through the UCLA Data Access Center, a secure, supervised data analysis facility. Through the implementation of stringent security controls, disclosure review procedures, and staff monitoring, the confidentiality and anonymity of respondents will be ensured. Modeled after the Research Data Center at the National Center for Health Statistics, the Data Access Center has a control workstation and printer in a separate room accessible to staff only. All email, Internet, telephone, USB port, or floppy disk drive capabilities have been disabled, and workstations are supported by a server that has no outside network connections. All output, printouts, and media must be reviewed by the Manager of the Data Access Center before they are released to researchers to remove from the Center.

Attachment 7H

CHIS Geographic Strata and Selection Probabilities

RDD Sample: Geographic Strata and Selection Probabilities

Stratum ID	Stratum	DOF 2007 HHs Estimate	Proportion Dist of HHs	Adult	Adolescent
1	Los Angeles	3,372,542	0.2629	10,246	874
2	San Diego	1,114,534	0.0869	3,386	329
3	Orange	1,033,150	0.0805	3,139	262
4	Santa Clara	603,330	0.0470	1,833	148
5	San Bernardino	624,980	0.0487	1,899	200
6	Riverside	648,868	0.0506	1,971	190
7	Alameda	573,249	0.0447	1,742	136
8	Sacramento	541,384	0.0422	1,645	148
9	Contra Costa	387,973	0.0302	1,179	97
10	Fresno	287,876	0.0224	875	101
11	San Francisco	341,217	0.0266	1,037	42
12	Ventura	269,241	0.0210	818	79
13	San Mateo	262,741	0.0205	798	64
14	Kern	246,460	0.0192	749	77
15	San Joaquin	225,664	0.0176	686	63
16	Sonoma	187,166	0.0146	600	40
17	Stanislaus	171,805	0.0134	600	53
18	Santa Barbara	145,512	0.0113	600	56
19	Solano	144,589	0.0113	600	55
20	Tulare	126,811	0.0099	600	59
21	Santa Cruz	94,909	0.0074	600	60
22	Marin	101,858	0.0079	600	46
23	San Luis Obispo	100,335	0.0078	600	52
24	Placer	120,875	0.01	600	52
25	Merced	78,654	0.01	600	61
26	Butte	86,473	0.01	600	48
27	Shasta	72,645	0.01	600	48
28	Yolo	72,327	0.01	600	67
29	El Dorado	67,871	0.01	600	48
30	Imperial	47,730	0.00	500	66
31	Napa	49,846	0.00	500	32
32	Kings	41,793	0.00	500	50
33	Madera	41,796	0.00	500	45
34	Monterey	134,133	0.01	600	63
35	Humboldt	53,323	0.00	500	41
36	Nevada	41,062	0.00	500	41
37	Mendocino	35,679	0.00	500	36
38	Sutter	31,130	0.00	500	54
39	Yuba	23,350	0.00	500	52
40	Lake	27,348	0.00	500	39
41	San Benito	18,011	0.00	500	71
42	Tehama-Glenn-Colusa	39,625	0.00	500	48
43	Del Norte-Lassen-Modoc-Plumas-Sierra-Siskiyou-Trinity	58,915	0.00	500	42
44	Tuolumne-Calaveras-Amador-Inyo-Mariposa-Mono-Alpine	77,768	0.01	500	32
	Total	12,826,550		48,000	4,266

CHIS 2007 Preliminary RDD Sample Design

Approximate Design Effects for the CHIS 2007 Sample

The following table shows the approximate design effects for the CHIS 2007. The data source for adjusted household and population counts is the California Department of Finance (DOF) 2007 population estimates. These approximations do not reflect the oversampling of high density areas, and they use population counts rather than adult counts. Further, they can only be produced for the groups found in the DOF files. In spite of these limitations, we consider these estimates to be sufficiently valid for purposes of estimating design effect.

Table 1. Approximate design effect for the CHIS 2007 sample

Population	Nominal Sample	Design Effect	Effective Sample
Total Adults	48,000	1.15	41,891
OMB White alone non-Latino	26,317	1.16	22,669
OMB African American alone non-Latino	2,938	1.04	2,820
OMB American Indian alone non-Latino	546	1.25	437
OMB Asian alone non-Latino	4,462	1.05	4,264
OMB Native Hawaiian or Pacific Islander	129	1.10	118
OMB Multiple race non-Latino	1,010	1.16	870
Adults Latino	12,597	1.11	11,308

For comparisons, we computed the design effects using the 2000 data defined at the block group level and present them in Table 2. The data also include population counts for household and adults for the groups as of 2000. As expected, they are a slightly higher due to the oversampling. However, these design effect do not reflect any differential population growth among the counties since 2000.

Table 2. CHIS 2007 Design effect for selected groups based on 2000 data

Population	Nominal Sample	Design Effect	Effective Sample
Total Adults	48,000	1.18	40,569
Total Chinese Adults	1243	1.10	1,131
Total Japanese Adults	503	1.13	445
Total Filipino Adults	995	1.10	907
Total Korean Adults	498	1.13	439
Total Vietnamese Adults	502	1.11	453
Adults Latino White alone	4,832	1.15	4,202
Adults Latino Afr Amer alone	80	1.14	70
Adults Latino Amr Indian alone	210	1.18	177
Adults Latino Asian alone	45	1.17	39
Adults Latino Pac. Isl. Alone	12	1.20	10
Adults Latino Other race alone	5,957	1.18	5,030
Adults Latino Two or more races	675	1.17	575
Adults Latino Any Amr Indian	321	1.18	273
Adults Non-Latino	36,190	1.18	30,654
Adults Non-Latino White alone	27,119	1.20	22,534
Adults Non-Latino Afr Amer alone	2,721	1.07	2,534
Adults Non-Latino Amr Indian alone	462	1.32	351
Adults Non-Latino Asian alone	4,505	1.10	4,080
Adults Non-Latino Pac. Isl. alone	114	1.13	100
Adults Non-Latino Other race alone	195	1.29	152
Adults Non-Latino Two or more races	1075	1.25	861
Adults Non-Latino Any Amr Indian	956	1.25	762
Adults White alone	31,951	1.20	26,611
Adults Latino	11,810	1.17	10,115
Adults Afr Amer alone	2,801	1.07	2,606
Adults Amr Indian alone	671	1.29	520
Adults Asian alone	4,550	1.10	4,119
Adults Pac. Isl. alone	125	1.14	110
Adults Other race alone	6,152	1.19	5,181
Adults Two or more races	1,750	1.22	1436
Adults Any Amr Indian	1277	1.25	1022

Attachment 7I

Organizations using CHIS Data

Attachment 7H

- More than 1315 individuals have downloaded the CHIS Public Use Files from the UCLA Center for Health Policy Research's web site. There have been 4156 total downloads of all the PUF files available.

- More than 10,000 individuals have used *Ask*CHIS, the online data query system to conduct analysis and generate state or local-level estimates using CHIS data. To date, 179,500 individual queries have been made via *Ask*CHIS.

- CHIS 2001, CHIS 2003, and CHSI 2005 funders, who actively promote and use CHIS data, include the:
    - California Department of Health Services
    - The California Endowment
    - National Cancer Institute
    - Centers for Disease Control
    - The Robert Wood Johnson Foundation
    - First Five California
    - California Department of Managed Care
    - California Department of Health Services Office of Disability and Health
    - California Department of Mental Health
    - LA Health Care
    - Kaiser Permanente
    - California Area Indian Health Services
    - Alameda County Health Services Agency
    - Solano County Public Health Department
    - County of San Diego, Public Health Services
    - Marin County Department of Health and Human Services

- There are many other users of CHIS data products, including local health departments, research institutions, and other health and community organizations. Although we do not have complete information on all the organizations that have used CHIS data for their needs, the tables on the following pages provide information on some of the organizations that are actively using CHIS data, the peer-reviewed publications that have been generated based on CHIS data, and the impact of CHIS data.

Organizations Using CHIS Data: Representative Organizations

Research Institutions	Community Organizations	Local Health Departments
Agency for Healthcare Research and Policy	African American Coalition on Health	Alameda County Public Health Department
Applied Survey Research	American Association of Retired Persons	Calaveras County
Boston University	Asian and Pacific Islander Bay Area Health Council	City of Berkeley
California Health Benefits Review Program	Blue Cross of CA State Programs	Contra Costa County Health Services
California Institute for County Government, San Francisco, CA	California Health Collaborative	Department of Health Services
California Institute for Rural Studies	California Primary Care Association	Department of Social Services
California State University Fresno	California Pan-Ethnic Network	El Dorado County Public Health Department
California State University Long Beach	Central California Children's Institute	Health Services Agency
Center on Budget and Policy Priorities, Washington DC	Central California Policy Institute	Humboldt County
Center on Policy Initiatives, San Diego, CA	Community Clinic Association of Los Angeles County	Imperial County Public Health Department
Charles R. Drew University of Medicine and Science	The Community Action to Fight Asthma	Kern County
Children's Hospital and Research Center, Oakland, CA	First Five of Marin County	Kings County Department of Health Services
Columbia University	First Five of Monterey County	Long Beach Department of Health and Human Services
Greater Los Angeles Veterans Health Administration	First Five of San Benito County	Los Angeles County
Harvard University	First Five of San Diego County	Marin County Department of Health and Human Services
Johns Hopkins	First Five of Santa Barbara County	Mendocino County
PolicyLink, Oakland, CA	Fresno West Coalition for Economic Development	Merced County Health Department

Research Institutions	Community Organizations	Local Health Departments
Princeton University	Fresno Metro Ministry	Napa County Health and Human Services Agency
Public Health Institute of California	Health San Diego	Nevada County
Public Policy Institute of California, San Francisco, CA	Kaiser Permanente Health	Orange County Health Care Agency
RAND	Los Angeles County Children's Health Initiative	Pasadena Public Health Department
San Francisco General Hospital	Madera One by One Leadership	Placer County Human Health Services
San Francisco State University	Monterey Apollonia Foundation	Riverside County
SRI International, Menlo Park, CA	Monterey Clinica De Salued Del Valle	Sacramento County
Stanford University	Monterey Department of Social and Employment Services	San Bernardino County
Trust for Public Land, Los Angeles, CA	Monterey County Farm to School Partnerships	San Diego County Public Health Services
University of California, Berkeley	Monterey Department of Social Services	San Francisco County
University of California, Davis	NICOS Chinese Health Coalition	San Joaquin County
University of California, Irvine	Pajaro Valley Community Health Trust	San Luis Obispo County
University of California, Los Angeles	San Diego American Indian Health Care	San Mateo County
University of California San Diego	San Diego Business Healthcare Connection	Santa Barbara County
University of California San Francisco	San Diego Community Health Improvement Partners	Santa Clara County Public Health Department
University of Chicago	San Diego League of Women Voters	Santa Cruz County
University of Massachusetts	San Diego Mountain Health	Shasta County
University of Michigan	San Diego Scripps Health	Sierra County
University of Southern California	Siskiyou County	
University of Utah	San Francisco Community Clinic Consortium	Solano County
	San Francisco Southeast Asian Community Center	Sonoma County
	Sequoia Community Health Centers	Stanislaus County
	Santa Barbara County Kids Network	Sutter County Division of Health Services
	Union of Pan Asian Communities	Trinity County
		Tulare County
		Ventura County
		Yolo County Health Department

California Health Interview Survey
Peer-reviewed Journal Articles
October 2006

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Attachment 7J

Federal Register Privacy Act System of Records 09-25-0200

[Federal Register: April 7, 1997 (Volume 62, Number 66)]
[Notices]
[Page 16596-16602]
From the Federal Register Online via GPO Access [wais.access.gpo.gov]
[DOCID:fr07ap97_dat-89]

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health
Privacy Act of 1974; New System of Records
Agency: National Institutes of Health, HHS.
Action: Notification of a New System of Records.

Summary: In accordance with the requirements of the Privacy Act, the National Institutes of Health (NIH) is publishing a notice of a new system of records, 09-25-0200, ``Clinical, Epidemiologic and Biometric Studies of the National Institutes of Health (NIH), HHS/NIH/OD.'' This system notice serves as an umbrella system for most NIH clinical, epidemiologic and biometric research studies. Thirty-eight existing NIH system notices were subsumed under this notice (listed in the system notice under System Manager(s)), to reduce the number and avoid future proliferation of like system notices. We are also proposing routine uses for this new system; with two exceptions, these routine uses were already contained in the preceding system notices. The first new routine use will allow disclosure to authorized organizations which provide health services to subject individuals or provide third-party reimbursement or fiscal intermediary functions. The purpose of the disclosure is to plan for or provide such services, bill or collect third-party reimbursements. The second new routine use will allow disclosure for the purpose of reporting child, elder, or spousal abuse or neglect, or any other type of abuse or neglect as required by State or Federal law.

Dates: NIH invites interested parties to submit comments on the proposed internal and routine uses on or before May 7, 1997. NIH has sent a report of a New System to the Congress and to the Office of Management and Budget (OMB) on November 6, 1996. This system of records will be effective 40 days from the date of publication unless NIH receives comments on the routine uses which would result in a contrary determination.

Address: Please submit comments to: NIH Privacy Act Officer, Building 31, Room 1B05, 31 Center Drive MSC 2075, Bethesda, MD 20892-2075, 301-496-2832. Comments received will be available for inspection at this same address from 9 a.m. to 3 p.m., Monday through Friday.

For further information contact: NIH Privacy Act Officer, Building 31, Room 1B05, 31 Center Drive MSC 2075, Bethesda, MD 20892-2075, 301-496-2832. The numbers listed above are not toll free.

Supplementary information: The National Institutes of Health (NIH) proposes to establish a new system of records: 09-25-0200, ``Clinical, Epidemiologic and Biometric Studies of the National Institutes of Health (NIH), HHS/NIH/OD.'' This umbrella system of records will be used by NIH staff to document, track, monitor and evaluate NIH clinical, epidemiologic and biometric research activities. This inclusive system notice will achieve agency administrative efficiencies, avoiding confusion created by the current fragmented pool of Institute, Center and Division (ICD) system notices. Because of its unique organizational structure, NIH has, over the recent decades, experienced a proliferation of almost identical system notices that differ only by disease/disorder under study or ICD interest. This system notice subsumes thirty-eight existing system notices and will offer coverage for research not currently covered by an appropriate system notice. The consolidation of similar research systems of records into one generic-type notice will also serve the public interest. It will alleviate burden on the public associated with multiple attempts at notification, access and correction of record information when individuals are not sure which research system notice applied to their study participation.

The system will comprise records about individuals as relevant to a particular research study. Examples include, but are not limited to: Name, study identification number, address, relevant telephone numbers, Social Security Number (voluntary), driver's license number, date of birth, weight, height, sex, race; medical, psychological and dental information, laboratory and diagnostic testing results; registries; social, economic and demographic data; health services utilization; insurance and hospital cost data, employers, conditions of the work environment, exposure to hazardous substances/compounds; information pertaining to stored biologic specimens (including blood, urine, tissue and genetic materials), characteristics and activities of health care providers and educators and trainers (including curriculum vitae); and associated correspondence. The amount of information recorded on each individual will be only that which is necessary to accomplish the purpose of the system.

The records in this system will be maintained in a secure manner compatible with their content and use. NIH and contractor staff will be required to adhere to the provisions of the Privacy Act and the HHS Privacy Act Regulations. The System Manager will control access to the data. Only authorized users whose official duties require the use of such information will have regular access to the records in this system. Authorized users are HHS employees, and contractors responsible for implementing the research.

Records may be stored on index cards, file folders, computer tapes and disks (including optical disks), photography media, microfiche, microfilm, and audio and video tapes. Manual and computerized records will be maintained in accordance with the standards of Chapter 45-13 of the HHS General Administration Manual, ``Safeguarding Records Contained in Systems of Records,'' supplementary Chapter PHS hf:45-13, the Department's Automated Information System Security Program Handbook, and the National Institute of Standards and Technology Federal Information Processing Standards (FIPS Pub. 41 and FIPS Pub. 31). Data on computer files is accessed by keyword known only to authorized users. Access to information is thus limited to those with a need to know. Rooms where records are stored are locked when not in use. During regular business hours rooms are unlocked but are controlled by on-site personnel. Researchers authorized to conduct research on biological specimens will typically access to the system through the use of encrypted identifiers sufficient to link individuals with records in such a manner that does not compromise confidentiality of the individual. All authorized users of personal information in connection with the performance of their jobs protect information from public view and from unauthorized personnel entering an unsupervised office. Depending upon the sensitivity of the information in the record, additional safeguard measures are employed.

The routine uses proposed for this system are compatible with the stated purposes of the system. The first routine use permits disclosure of a record for an authorized research purpose under specified conditions. The second routine use permitting disclosure to a congressional office is proposed to allow subject individuals to obtain assistance from their representatives in Congress, should they so desire. Such disclosure would be made only pursuant to a request of the individual.

The third routine use allows disclosure to the Department of Justice for use in litigation. The fourth routine use allows disclosure of records to contractor, grantee, experts, consultants or volunteers who have been engaged by the agency to assist in the performance of a service related to this system of records and who need to have access to the records in order to perform the activity. The fifth routine use allows disclosure to certain relevant third parties (e.g., relatives, prior employees, Motor Vehicle Administration, State vita statistics offices) when necessary to obtain information on morbidity and mortality experiences and to locate individuals for follow-up studies. The sixth routine use allows disclosure to tumor registries for maintenance of health statistics. The seventh routine use allows the PHS to inform the sexual and/or needle-sharing partner(s) of a subject individual who is infected with the human immunodeficiency virus (HIV) of their exposure to HIV, or to disclose such information to State or local public health departments under specified circumstances. The eighth routine use allows disclosure of certain diseases and conditions, including infectious diseases, to appropriate representatives of State or Federal Government as required by State or Federal law. The ninth routine use allows records to be disclosed to authorized organizations which provide health services to subject individuals or provide third-party reimbursement or fiscal intermediary functions, for the purpose of planning for or providing such services, billing or collecting third-party reimbursements. The tenth routine use allows disclosure to organizations deemed qualified by the Secretary, DHHS, to carry out quality assessment, medical audits or utilization reviews. The eleventh routine use allows information to be disclosed for the purpose of reporting child, elder or spousal abuse or neglect, or any other type of abuse or neglect as required by State or Federal law.

The following notice is written in the present, rather than future tense, in order to avoid the unnecessary expenditure of public funds to republish the notice after the system has become effective.

Dated: October 30, 1996.
Anthony L. Itteilag,
Deputy Director for Management, National Institutes of Health.
09-25-0200

SYSTEM NAME:
Clinical, Epidemiologic and Biometric Studies of the National Institutes of Health (NIH), HHS/NIH/OD.

SECURITY CLASSIFICATION: None.

SYSTEM LOCATION:
Records are located at NIH and Contractor research facilities which collect or provide research data for this system. Contractors may include, but are not limited to: Research centers, clinics, hospitals, universities, medical schools, research institutions/foundations, national associations, commercial organizations, collaborating State and Federal Government agencies, and coordinating centers. A current list of sites, including the address of any Federal Records Center where records from this system may be stored, is available by writing to the appropriate Coordinator listed under Notification Procedure.

CATEGORIES OF INDIVIDUALS COVERED BY THE SYSTEM:
Adults and/or children who are the subjects of clinical, epidemiologic, and biometric research studies of the NIH. Individuals with disease. Individuals who are representative of the general population or of special groups including, but not limited to: Normal controls, normal volunteers, family members and relatives; providers of services (e.g., health care and social work); health care professionals and educators, and demographic sub-groups as applicable, such as age, sex, ethnicity, race, occupation, geographic location; and groups exposed to real and/or hypothesized risks (e.g., exposure to biohazardous microbial agents).

CATEGORIES OF RECORDS IN THE SYSTEM:
The system contains data about individuals as relevant to a particular research study. Examples include, but are not limited to: Name, study identification number, address, relevant telephone numbers, Social Security Number (voluntary), driver's license number, date of birth, weight, height, sex, race; medical, psychological and dental information, laboratory and diagnostic testing results; registries; social, economic and demographic data; health services utilization; insurance and hospital cost data, employers, conditions of the work environment, exposure to hazardous substances/compounds; information pertaining to stored biologic specimens (including blood, urine, tissue and genetic materials), characteristics and activities of health care providers and educators and trainers (including curriculum vitae); and associated correspondence.

AUTHORITY FOR MAINTENANCE OF THE SYSTEM:
``Research and Investigation,'' ``Appointment and Authority of the Directors of the National Research Institutes,'' ``National Cancer Institute,'' ``National Eye Institute,'' ``National Heart, Lung and Blood Institute,'' ``National Institute on Aging,'' ``National Institute on Alcohol Abuse and Alcoholism,'' ``National Institute on Allergy and Infectious Diseases,'' ``National Institute of Arthritis and Musculoskeletal and Skin Diseases,'' ``National Institute of Child Health and Human Development,'' ``National Institute on Deafness and Other Communication Disorders,'' ``National Institute of Dental Research,'' ``National Institute of Diabetes, and Digestive and Kidney Diseases,'' ``National Institute of Drug Abuse,'' ``National Institute of Environmental Health Sciences,'' ``National Institute of Mental Health,'' ``National Institute of Neurological Disorders and Stroke,'' and the ``National Center for Human Genome Research,'' of the Public Health Service Act. (42 U.S.C. 241, 242, 248, 281, 282, 284, 285a, 285b, 285c, 285d, 285e, 285f, 285g, 285h, 285i, 285j, 285l, 285m, 285n, 285o, 285p, 285q, 287, 287b, 287c, 289a, 289c, and 44 U.S.C. 3101.)

PURPOSE(S)
To document, track, monitor and evaluate NIH clinical, epidemiologic and biometric research activities.

ROUTINE USES OF RECORDS MAINTAINED IN THE SYSTEM, INCLUDING CATEGORIES OF USERS AND THE PURPOSES OF SUCH USES:

1. A record may be disclosed for a research purpose, when the Department: (A) has determined that the use or disclosure does not violate legal or policy limitations under which the record was provided, collected, or obtained; e.g., disclosure of alcohol or drug abuse patient records will be made only in accordance with the restrictions of confidentiality statutes and regulations 42 U.S.C. 241, 42 U.S.C. 290dd-2, 42 CFR part 2, and where applicable, no disclosures will be made inconsistent with an authorization of confidentiality under 42 U.S.C. 241 and 42 CFR part 2a; (B) has determined that the research purpose (1) cannot be reasonably accomplished unless the record is provided in individually identifiable form, and (2) warrants the risk to the privacy of the individual that additional exposure of the record might bring; (C) has required the recipient to (1) establish reasonable administrative, technical, and physical safeguards to prevent unauthorized use or disclosure of the record, (2) remove or destroy the information that identifies the individual at the earliest time at which removal or destruction can be accomplished consistent with the purpose of the research project, unless the recipient has presented adequate justification of a research or health nature for retaining such information, and (3) make no further use or disclosure of the record except (a) in emergency circumstances affecting the health or safety of any individual, (b) for use in another research project, under these same conditions, and with written authorization of the Department, (c) for disclosure to a property identified person for the purpose of an audit related to the research project, if information that would enable research subjects to be identified is removed or destroyed at the earliest opportunity consistent with the purpose of the audit, or (d) when required by law; and (D) has secured a written statement attesting to the recipient's understanding of, and willingness to abide by, these provisions.

2. Disclosure may be made to a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.

3. The Department of Health and Human Services (HHS) may disclose information from this system of records to the Department of Justice when: (a) The agency or any component thereof; or (b) any employee of the agency in his or her official capacity where the Department of Justice has agreed to represent the employee; or (c) the United States Government, is a party to litigation or has an interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

4. Disclosure may be made to agency contractors, grantees, experts, consultants, collaborating researchers, or volunteers who have been engaged by the agency to assist in the performance of a service related to this system of records and who need to have access to the records in order to perform the activity. Recipients shall be required to comply with the requirements of the Privacy Act of 1974, as amended, pursuant to 5 U.S.C. 552a(m).

5. Information from this system may be disclosed to Federal agencies, State agencies (including the Motor Vehicle Administration and State vital statistics offices, private agencies, and other third parties (such as current or prior employers, acquaintances, relatives), when necessary to obtain information on morbidity and mortality experiences and to locate individuals for follow-up studies. Social Security numbers, date of birth and other identifiers may be disclosed: (1) To the National Center for Health Statistics to ascertain vital status through the National Death Index; (2) to the Health Care Financing Agency to ascertain morbidities; and (3) to the Social Security Administration to ascertain disabilities and/or location of participants. Social Security numbers may also be given to other Federal agencies, and State and local agencies when necessary to locating individuals for participation in follow-up studies.

6. Medical information may be disclosed in identifiable form to tumor registries for maintenance of health statistics, e.g., for use in epidemiologic studies.

7. (a). PHS may inform the sexual and/or needle-sharing partner(s) of a subject individual who is infected with the human immunodeficiency virus (HIV) of their exposure to HIV, under the following circumstances: (1) The information has been obtained in the course of clinical activities at PHS facilities carried out by PHS personnel or contractors; (2) The PHS employee or contractor has made reasonable efforts to counsel and encourage the subject individual to provide the information to the individual's sexual or needle-sharing partner(s); (3) The PHS employee or contractor determines that the subject individual is unlikely to provide the information to the sexual or needle-sharing partner(s) or that the provision of such information cannot reasonably be verified; and (4) The notification of the partner(s) is made, whenever possible, by the subject individual's physician or by a professional counselor and shall follow standard counseling practices.

(b). PHS may disclose information to State or local public health departments, to assist in the notification of the subject individual's sexual and/or needle-sharing partner(s), or in the verification that the subject individual has notified such sexual or needle-sharing partner(s).

8. Certain diseases and conditions, including infectious diseases, may be reported to appropriate representatives of State or Federal Government as required by State or Federal law.

9. Disclosure may be made to authorized organizations which provide health services to subject individuals or provide third-party reimbursement or fiscal intermediary functions, for the purpose of planning for or providing such services, billing or collecting third-party reimbursements.

10. The Secretary may disclose information to organizations deemed qualified to carry out quality assessment, medical audits or utilization reviews.

11. Disclosure may be made for the purpose of reporting child, elder or spousal abuse or neglect or any other type of abuse or neglect as required by State or Federal law.

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

STORAGE:

Records may be stored on index cards, file folders, computer tapes and disks (including optical disks), photography media, microfiche, microfilm, and audio and video tapes. For certain studies, factual data with study code numbers are stored on computer tape or disk, while the key to personal identifiers is stored separately, without factual data, in paper/computer files.

RETRIEVABILITY:

During data collection stages and follow-up, retrieval is by personal identifier (e.g., name, Social Security Number, medical record or study identification number, etc.). During the data analysis stage, data are normally retrieved by the variables of interest (e.g., diagnosis, age, occupation).

SAFEGUARDS:

1. Authorized Users: Access to identifiers and to link files is strictly limited to the authorized personnel whose duties require such access. Procedures for determining authorized access to identified data are established as appropriate for each location. Personnel, including contractor personnel, who may be so authorized include those directly involved in data collection and in the design of research studies, e.g., interviewers and interviewer supervisors; project managers; and statisticians involved in designing sampling plans. Other one-time and special access by other employees is granted on a need-to-know basis as specifically authorized by the system manager. Researchers authorized to conduct research on biologic specimens will typically access the system through the use of encrypted identifiers sufficient to link individuals with records in such a manner that does not compromise confidentiality of the individual.

2. Physical Safeguards: Records are either stored in locked rooms during off-duty hours, locked file cabinets, and/or secured computer facilities. For certain studies, personal identifiers and link files are separated and stored in locked files. Computer data access is limited through the use of key words known only to authorized personnel.

3. Procedural Safeguards: Collection and maintenance of data is consistent with legislation and regulations in the protection of human subjects, informed consent, confidentiality, and confidentiality specific to drug and alcohol abuse patients where these apply. When anonymous data is provided to research scientists for analysis, study numbers which can be matched to personal identifiers will be eliminated, scrambled, or replaced by the agency or contractor with random numbers which cannot be matched. Contractors who maintain records in this system are instructed to make no further disclosure of the records. Privacy Act requirements are specifically included in contracts for survey and research activities related to this system. The OHS project directors, contract officers, and project officers oversee compliance with these requirements. Personnel having access are trained in Privacy Act requirements. Depending upon the sensitivity of the information in the record, additional safeguard measures may be employed.

4. Implementation Guidelines: DHHS Chapter 45-13 and supplementary Chapter PHS.hf: 45-13 of the HHS General Administration Manual and Part 6, ``ADP System Security'' of the HHS ADP Systems Security Manual.

RETENTION AND DISPOSAL:

Records are retained and disposed of under the authority of the NIH Records Control Schedule contained in NIH Manual Chapter 1743, Appendix 1--``Keeping and Destroying Records" (HHS Records Management Manual, Appendix B-361), item 3000-G-3, which allows records to be kept as long as they are useful in scientific research. Collaborative Perinatal Project records are retained in accordance with item 3000-G-4, which does not allow records to be destroyed. William A. White Clinical Research Program medical records (Saint Elizabeths Hospital, NIMH) are retained for 5 years after last discharge or upon death of a patient and then transferred to the Washington National Records Center, where they are retained until 30 years after discharge or death. Refer to the NIH Manual Chapter for specific conditions on disposal or retention instructions.

SYSTEM MANAGER(S) AND ADDRESS:

See Appendix I for a listing of current system managers. This system is for use by all NIH Institutes, Centers, and Divisions. The following system notices have been subsumed under this umbrella system notice.

09-25-0001	Clinical Research: Patient Records, HHS/NIH/NHLBI
09-25-0010	Research Resources: Registry of Individuals Potentially Exposed to Microbial Agents, HHS/NIH/NCI
09-25-0015	Clinical Research: Collaborative Clinical Epilepsy Research, HHS/NIH/NINDS
09-25-0016	Clinical Research: Collaborative Perinatal Project, HHS/NIH/NINDS
09-25-0026	Clinical Research: Nervous System Studies, HHS/NIH/NINDS
09-25-0028	Clinical Research: Patient Medical Histories, HHS/NIH/NINDS and HHS/NIH/NIDCD
09-25-0031	Clinical Research: Serological and Virus Data in Studies Related to the Central Nervous System, HHS/NIH/NINDS
09-25-0037	Clinical Research: The Baltimore Longitudinal Study of Aging, HHS/NIH/NIA
09-25-0038	Clinical Research: Patient Data, HHS/NIH/NIDDK
09-25-0039	Clinical Research: Diabetes Mellitus Research Study of Southwestern American Indians, HHS/NIH/NIDDK
09-25-0040	Clinical Research: Southwestern American Indian Patient Data, HHS/NIH/NIDDK
09-25-0042	Clinical Research: National Institute of Dental Research Patient Records, HHS/NIH/NIDR
09-25-0044	Clinical Research: Sensory Testing Research Program, HHS/NIH/NIDR
09-25-0046	Clinical Research: Catalog of Clinical Specimens from Patients, Volunteers and Laboratory Personnel, HHS/NIH/NIAID
09-25-0053	Clinical Research: Vision Studies, HHS/NIH/NEI
09-25-0057	Clinical Research: Burkitt's Lymphonma Registry, HHS/NIH/NCI
09-25-0060	Clinical Research: Division of Cancer Treatment Clinical Investigations, HHS/NIH/NCI
09-25-0067	Clinical Research: National Cancer Incidence Surveys, HHS/NIH/NCI
09-25-0069	NIH Clinical Center Admissions of the National Cancer Institute, HHS/NIH/NCI
09-25-0074	Clinical Research: Division of Cancer Biology and Diagnosis Patient Trials, HHS/NIH/NCI
09-25-0077	Biological Carcinogenesis Branch Human Specimen Program, HHS/NIH/NCI
09-25-0126	Clinical Research: National Heart, Lung, and Blood Institute Epidemiological and Biometric Studies, HHS/NIH/NHLBI
09-25-0128	Clinical Research: Neural Prosthesis and Biomedical Engineering Studies, HHS/NIH/NINDS
09-25-0129	Clinical Research: Clinical Research Studies Dealing with Hearing, Speech, Language and Chemosensory Disorders, HHS/NIH/NIDCD
09-25-0130	Clinical Research: Studies in the Division of Cancer Cause and Prevention, HHS/NIH/NCI
09-25-0134	Clinical Research: Epidemiology Studies, National Institute of Environmental Health Sciences, HHS/NIH/NIEHS
09-25-0142	Clinical Research: Records of Subjects in Intramural Research, Epidemiology, Demography and Biometry Studies on Aging, HHS/NIH/NIA
09-25-0143	Biomedical Research: Records of Subjects in Clinical, Epidemiologic and Biometric Studies of the National Institute of Allergy and Infectious Diseases, HHS/NIH/NIAID
09-25-0145	Clinical Trials and Epidemiological Studies Dealing with Visual Disease and Disorders in the National Eye Institute, HHS/NIH/NEI
09-25-0148	Contracted and Contract-Related Research: Records of Subjects in Clinical, Epidemiological and Biomedical Studies of the National Institute of Neurological Disorders and Stroke and the National Institute on Deafness and Other Communication Disorders, HHS/NIH/NINDS and HHS/NIH/NIDCD

09-25-0152 Biomedical Research: Records of Subjects in National Institute of Dental Research Contracted Epidemiological and Biometric Studies, HHS/NIH/NIDR
09-25-0153 Biomedical Research: Records of Subjects in Biomedical and Behavioral Studies of Child Health and Human Development, HHS/NIH/NICHD
09-25-0154 Biomedical Research: Records of Subjects: 1) Cancer Studies of the Division of Cancer Prevention and Control, HHS/NIH/NCI; and 2) Women's Health Initiative (WHI) Studies, HHS/NIH/OD
09-25-0170 Diabetes Control and Complications Trial (DCCT) Data System, HHS/NIH/NIDDK
09-25-0172 Clinical Research: National Center for Human Genome Research, HHS/NIH/NCHGR
09-25-0201 Clinical Research: National Institute of Mental Health Patient Records, HHS/NIH/NIMH
09-25-0205 Alcohol, Drug Abuse, and Mental Health Epidemiologic and Biometric Research Data, HHS/NIH/NIAAA, HHS/NIH/NIDA and HHS/NIH/NIMH
09-25-0212 Clinical Research: Neuroscience Research Center Patient Medical Records, HHS/NIH/NIMH

NOTIFICATION PROCEDURE:

To determine if a record exists, write to the appropriate ICD Privacy Act Coordinator listed below. In cases where the requestor knows specifically which System Manager to contact, he or she may contact the System Manager directly (See Appendix I). Notification requests should include: Individual's name; current address; date of birth; date, place and nature of participation in specific research study; name of individual or organization administering the research study (if known); name or description of the research study (if known); address at the time of participation; and in specific cases, a notarized statement (some highly sensitive systems require two witnesses attesting to the individual's identity). A requestor must verify his or her identity by providing either a notarization of the request or by submitting a written certification that the requestor is who he or she claims to be and understands that the knowing and willful request for acquisition of a record pertaining to an individual under false pretenses is a criminal offense under the Act, subject to a five thousand dollar fine.

Individuals will be granted direct access to their medical records unless the System Manager determines that such access is likely to have an adverse effect (i.e., could cause harm) on the individual. In such cases when the System Manager has determined that the nature of the record information requires medical interpretation, the subject of the record shall be requested to designate, in writing, a responsible representative who will be willing to review the record and inform the subject individual of its contents at the representative's discretion. The representative may be a physician, other health professional, or other responsible individual. In this case, the medical/dental record will be sent to the designated representative. Individuals will be informed in writing if the record is sent to the representative. This same procedure will apply in cases where a parent or guardian requests notification of, or access to, a child's or incompetent person's medical record. The parent or guardian must also verify (provide adequate documentation) their relationship to the child or incompetent person as well as his or her own identity to prove their relationship. If the requester does not know which Institute, Center or Division Privacy Act Coordinator to contact for notification purposes, he or she may contact directly the NIH Privacy Act Officer at the following address: NIH Privacy Act Officer, Office of Management Assessment, Building 31, Room 1B05, 31 Center Drive MSC 2075, Bethesda, MD 20892-2075.

NIH Privacy Act Coordinators

Office of the Director, (OD), NIH
Associate Director for Disease Prevention, OD, NIH
Building 1, Room 260
1 Center Drive
Bethesda, MD 20892

National Cancer Institute (NCI)
Privacy Act Coordinator, NCI, NIH
Building 31, Room 10A34
31 Center Drive
Bethesda, MD 20892

National Eye Institute (NEI)
Privacy Act Coordinator, NEI, NIH
Building 31, Room 6A-19
31 Center Drive
Bethesda, MD 20892

National Heart, Lung and Blood Institute (NHLBI)
Privacy Act Coordinator, NHLBI, NIH
Building 31, Room 5A08
31 Center Drive
Bethesda, MD 20892

National Institute on Aging (NIA)
Privacy Act Coordinator, NIA, NIH
Building 31, Room 2C12
31 Center Drive
Bethesda, MD 20892

National Institute on Alcohol Abuse and Alcoholism (NIAAA)
Privacy Act Coordinator, NIAAA, NIH
Wilco Building, Suite
6000 Executive Blvd., MSC 7003
Bethesda, MD 20892-7003

National Institute of Allergy and Infectious Diseases (NIAID)
Privacy Act Coordinator, NIAID, NIH
Solar Building, Room 3C-23
6003 Executive Blvd.
Bethesda, MD 20892

National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)
Privacy Act Coordinator, NIAMS, NIH
Natcher Building, Room 5QS49
45 Center Drive
Bethesda, MD 20892

National Institute of Child Health and Human Development (NICHD)
Privacy Act Coordinator, NICHD, NIH
6100 Executive Blvd., Room 5D01
North Bethesda, MD 20892

National Institute on Deafness and Other Communication Disorders (NIDCD)
Privacy Act Coordinator, NIDCD, NIH
Building 31, Room 3C02
9000 Rockville Pike
Bethesda, MD 20892

National Institute of Dental Research (NIDR)
Privacy Act Coordinator, NIDR, NIH
Building 31, Room 2C-35
31 Center Drive, MSC 2290
Bethesda, MD 20892-2290

National Institute of Diabetes and Digestive and Kidney Disease (NIDDK)
Privacy Act Coordinator, NIDDK, NIH
Building 31, Room 9A47
31 Center Drive
Bethesda, MD 20892

National Institute on Drug Abuse (NIDA)
Privacy Act Coordinator, NIDA, NIH
Parklawn Building, Room 10A-42
5600 Fishers Lane
Rockville, Maryland 20857

National Institute of Environmental Health Sciences (NIEHS)
Chief, Epidemiology Branch, NIEHS, NIH
P.O. Box 12233
Research Triangle Park
North Carolina 27709

National Institute of Mental Health (NIMH)
Privacy Act Coordinator, NIMH, NIH
Parklawn Building, Room 7C-22
5600 Fishers Lane
Rockville, Maryland 20857
National Institute of Neurological Disorders and Stroke (NINDS)
Privacy Act Coordinator, NINDS, NIH
Federal Building, Room 816
7550 Wisconsin Avenue
Bethesda, MD 20892
National Center for Human Genome Research (NCHGR)
Chief, Office of Human Genome Communications, NGHGR, NIH
Building 38A, Room 617
9000 Rockville Pike
Bethesda, Maryland 20892

RECORD ACCESS PROCEDURE:
Same as notification procedures. Requesters should reasonably specify the record contents being sought. An individual may also request an accounting of disclosures of his/her record, if any.

CONTESTING RECORD PROCEDURE:
Contact the appropriate official at the address specified under Notification Procedure, and reasonably identify the record, specify the information being contested, and state corrective action sought, with supporting information to show how the record is inaccurate, incomplete, untimely, or irrelevant.

RECORD SOURCE CATEGORIES:
The system contains information obtained directly from the subject individual by interview (face-to-face or telephone), written questionnaire, or by other tests, recording devices or observations, consistent with legislation and regulation regarding informed consent and protection of human subjects. Information is also obtained from other sources, including but not limited to: Referring medical physicians, mental health/alcohol/drug abuse or other health care providers; hospitals; organizations providing biological specimens; relatives; guardians; schools; and clinical medical research records.

SYSTEMS EXEMPTED FROM CERTAIN PROVISIONS OF THE ACT:
None.

Appendix I: System Managers and Addresses

Office of the Director, NIH
Associate Director for Disease Prevention, OD, NIH
Building 1, Room 260
1 Center Drive
Bethesda, MD 20892

National Cancer Institute
Computer Systems Analyst, DCBD, NCI, NIH
Executive Plaza North, Room 344
Bethesda, MD 20892

American Burkitt's Lymphoma Registry
Division of Cancer Etiology, NCI, NIH
Executive Plaza North, Suite 434
6130 Executive Blvd.
Bethesda, MD 20892

Chief, Genetic Epidemiology Branch, EBP, DCE, NCI, NIH
Executive Plaza North, Suite 439
6130 Executive Blvd.
Bethesda, MD 20892

Chief, Clinical Genetics Section
Clinical Epidemiology Branch, DCE, NCI, NIH
Executive Plaza North, Suite 400
6130 Executive Blvd.
Bethesda, MD 20892

Program Director, Research Resources
Biological Carcinogenesis Branch, DCE, NCI, NIH
Executive Plaza North, Room 540
6130 Executive Blvd.
Bethesda, MD 20892

Chief, Environmental Epidemiology Branch, DCE, NCI, NIH
Executive Plaza North, Room 443
6130 Executive Blvd.
Bethesda, MD 20892

Associate Director, Surveillance Program, DCPC, NCI, NIH
Executive Plaza North, Room 343K
6130 Executive Blvd.
Bethesda, MD 20892

Head, Biostatistics and Data Management Section, DCT, NCI, NIH
8601 Old Georgetown Road
Bethesda, MD 20892

Chief, Clinical Research Branch
Biological Response Modifiers Program
Frederick Cancer Research and Development Center, DCT, NCI, NIH
501 W. 7th Street, Suite #3
Frederick, MD 21701

Deputy Branch Chief, Navy Hospital
NCI--Naval Medical Oncology Branch, DCT, NCI, NIH
Building 8, Room 5101
Bethesda, MD 20814

Chief, Pharmaceutical Management Branch
Cancer Therapy Evaluation Program, DCT, NCI, NIH
Executive Plaza North, Suite 804
Bethesda, MD 20892

Director, Extramural Clinical Studies, BRB, BRMP, DCT, NCI, NIH
Frederick Cancer Research and Development Center
Fort Detrick
Frederick, MD 21701

National Eye Institute

Clinical Director, NEI, NIH
Building 10, Room 10N-202
10 Center Drive
Bethesda, MD 20892

Director, Division of Biometry and Epidemiology, NEI, NIH
Building 31, Room 6A-52
31 Center Drive
Bethesda, MD 20892

National Heart Lung and Blood Institute
Administrative Officer, Division of Intramural Research, NHLBI, NIH
Building 10 Room 7N220
10 Center Drive, MSC 1670
Bethesda, MD 20892-1670

Senior Scientific Advisor, OD
Division of Epidemiology and Clinical Applications, NHLBI, NIH
Federal Building, 220
7550 Wisconsin Avenue
Bethesda, MD 20892

National Institute on Aging
Computer Scientist, Longitudinal Studies Branch, IRP, NIH
Gerontology Research Center, GRC
4940 Eastern Avenue
Baltimore, MD 21224

Associate Director, Epidemiology,
Demography and Biometry Program, NIA, NIH
Gateway Building, Suite 3C309
7201 Wisconsin Avenue
Bethesda, MD 20892

National Institute on Alcohol Abuse and Alcoholism
Deputy Director, Division of Biometry and Epidemiology, NIAAA, NIH
Willco Building, Suite 514
6000 Executive Blvd., MSC 7003
Bethesda, MD 20892-7003

Deputy Director, Div. of Clinical and Prevention Res., NIAAA, NIH
Willco Building, Suite 505
6000 Executive Blvd., MSC 7003
Bethesda, MD 20892-7003

National Institute of Allergy and Infectious Diseases
Chief, Respiratory Viruses Section, LID, NIAID, NIH
Building 7, Room 106
9000 Rockville Pike
Bethesda, MD 20892

Chief, Hepatitis Virus Section, LID, NIAID, NIH
Building 7, Room 202
9000 Rockville Pike
Bethesda, MD 20892

Chief, Epidemology and Biometry Branch, DMID, NIAID, NIH
Solar Building, Room 3A24
Bethesda, Maryland 20892

Special Assistant, Clinical Research Program, DAIDS, NIAID, NIH
Solar Building, Room 2C-20
6003 Executive Blvd.
Bethesda, MD 20892

National Institute of Arthritis and Musculoskeletal and Skin Diseases
Clinical Director, NIAMS, NIH
Building 10, Room 9S205
10 Center Drive
Bethesda, MD 20892

National Institute of Child Health and Human Development
Chief, Contracts Management Branch, NICHD, NIH
Executive Plaza North, Room 7A07
6100 Executive Blvd.
North Bethesda, MD 20892

National Institute on Deafness and Other Communication Disorders
Acting Director of Intramural Research, NIDCD, NIH
Building 31, Room 3C02
31 Center Drive
Bethesda, MD 20892

Director, Division of Human Communication, NIDCD, NIH
Executive Plaza South, Room 400B
6120 Executive Boulevard
Rockville, MD 20852

National Institute of Dental Research
Deputy Clinical Director, NIDR, NIH
Building 10, Room 1N-113
10 Center Drive, MSC 1190
Bethesda, MD 20892-1190

Research Psychologist, Clinical Invsetigations, NIDR, NIH
Building 10, Room 1N114
10 Center Drive, MSC 1190
Bethesda, MD 20892-1190

Chief, Contract Management Section
Extramural Program, NIDR, NIH
Natcher Building, Room 4AN-44B
45 Center Drive, MSC 6402
Bethesda, MD 20892-6402

National Institute of Diabetes and Digestive and Kidney Diseases
Chief, Clinical Investigations, NIDDK, NIH
Building 10, Room 9N222
10 Center Drive
Bethesda, MD 20892

Chief, Phoenix Clinical Research Section, NIDDK, NIH
Phoenix Area Indian Hospital, Room 541
4212 North 16th Street
Phoenix, Arizona 85016

Chief, Diabetes Research Section, DPB, DDEMD, NIDDK, NIH
Natcher Building, Room 5AN-18G
45 Center Drive, MSC 6600
Bethesda, MD 20892

National Institute on Drug Abuse
Privacy Act Coordinator, NIDA, NIH
Parklawn Building, Room 10A-42
5600 Fishers Lane
Rockville, Maryland 20857

National Institute of Environmental Health Sciences
Chief, Epidemiology Branch, NIEHS, NIH
P.O. Box 12233
Research Triangle Park
North Carolina 27709

National Institute of Mental Health
Director, Intramural Research Program, NIMH, NIH
Building 10, Room 4N-224
9000 Rockville Pike
Bethesda, MD 20205

Privacy Act Coordinator, NIMH, NIH
Parklawn Building, Room 7C22
5600 Fishers Lane
Rockville, Maryland 20857

Clinical Director, Neuroscience Research Center, DIRP, NIMH
Saint Elizabeths Hospital,
William A. White Building, Room 133
2700 Martin Luther King Jr., Avenue, SE
Washington, DC 20032

National Institute of Neurological Disorders and Stroke
Chief, Epilepsy Branch, NINDS, NIH
Federal Building, Room 114
7750 Wisconsin Avenue
Bethesda, MD 20892

Chief, Development Neurology Branch, NINDS, NIH
Federal Building, NIH
7550 Wisconsin Avenue
Bethesda, MD 20892

Assistant Director, CNP, DIR, NINDS, NIH
Building 10, Room 5N226
10 Center Drive
Bethesda, MD 20892

Deputy Chief, Laboratory of Central Nervous Systems Studies
Intramural Research Program, NINDS, NIH
Building 36, Room 5B21,
9000 Rockville Pike
Bethesda, MD 20892

Director, Division of Fundamental Neurosciences, NINDS, NIH
Federal Building, Room 916
7550 Wisconsin Ave
Bethesda, MD 20892

Director, Division of Convulsive, Developmental and Neuromuscular Disorders, NINDS, NIH
Federal Building, Room 816
7550 Wisconsin Avenue
Bethesda, MD 20892

Director, Division of Demyelinating Atrophic, and Dementing Disorders, NINDS, NIH
Federal Building, Room 810
7550 Wisconsin Avenue
Bethesda, MD 20892

Director, Division of Stroke and Trauma, NINDS, NIH
Federal Building, Room 8A08
7550 Wisconsin Avenue
Bethesda, MD 20892

National Center for Human Genome Research
Chief, Office of Human Genome Communications, NCHGR, NIH
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Bethesda, MD 20892

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