

Label

FORM **NHAMCS-101(C)**
(6-17-2008)U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS DATA COLLECTION AGENT FOR THE
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Health Statistics**NATIONAL HOSPITAL
AMBULATORY MEDICAL
CARE SURVEY
2009 PANEL
CONTROL CARD**

Assurance of Confidentiality – All information which would permit identification of an individual a practice, or an establishment will be held confidential, will be used only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).

2a. Hospital Contact Information	2b. ED Contact Information	2c. OPD Contact Information	2d. ASC Contact Information
Name	Name	Name	Name
Title	Title	Title	Title
Telephone No. (Area code and No.)	Telephone No. (Area code and No.)	Telephone No. (Area code and No.)	Telephone No. (Area code and No.)
FAX number	FAX number	FAX number	FAX number

Section I – TELEPHONE SCREENER

7a. Correct hospital name			
7b. Correct hospital location	Number and Street		
	City	State	ZIP Code
7c. Correct hospital mailing address	Number and Street		
	City	State	ZIP Code
8g. Name and address of other hospital to which merged or separated	Hospital name		
	Number and Street		
	City	State	ZIP Code
10c. Person responsible for hospital's emergency response plan	CONTACT INFORMATION		
	Name		
	Title		
	Telephone (Area code and number)		

CONTINUE ON REVERSE

