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 informatin 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	Hospital name				
separated	Number and Street				
	City	State	ZIP Code		
10c. Person responsible for hospital's emergency response plan	CONTACT INFORMATION				
	Name				
	Title				
	Telephone (Area code and num	nber)			

Section II – INDUCTION INTERVIEW					
13. Sampling Contacts Where "Someone Else" Entered on NHAMCS-101					
Name		Name			
Title		Title	Title		
Departmen	t	Departme	Department		
Telephone	number	Telephone number			
Section	Section III – EMERGENCY on IV – OUTPATIENT DEPARTMENT DESC CENTER DESCRIPTION FORMA	RIPTION AND	Section V - AMBULATORY SURGERY		
Emergency by providir the NHAM	TIONS – List below ONLY ESAs/Clinics/ASC y Department). Their display in Sections III, IV ng a means to track the name and address of CS-101 (e.g., Obstetrics) and enter the formationic/ASC is found on the NHAMCS-101 (e.g.	V, and on the lithe hospital, I hame on the	NHAMCS-101 could breach confidentiality ESA, clinic or ASC. Use a generic name on line below, indicating the "Line No." where		
Section	III – EMERGENCY SERVICE AREA (ESA)	Section	on IV – OUTPATIENT DEPARTMENT CLINIC		
Line	ESA Name	Line	Clinic Name		

Line No.	ESA Name	Line No.	Clinic Name
Notes			
FORM NUMBER	2.404(0) (0.47.0000)		
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