

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**

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

**CONTINUE ON REVERSE**

