

## Attachment 5 Provider Record Check Letters

### **FROM THE DIRECTOR, NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES**

The U.S. Public Health Service is committed to reaching the **Healthy People 2010** objective that at least 90 percent of children in the United States receive all the recommended immunizations. To measure progress toward this goal, the Centers for Disease Control and Prevention (CDC) is conducting the National Health Interview Survey Provider Record Check Study. This study collects and reports the most complete information available on the current vaccination levels of children for each state.

This study includes determining the validity of household reports of immunization by comparing telephone interview reports with the immunization information from health care provider offices. We are requesting information from all medical providers on vaccinations given and the dates of vaccination for children 19 through 35 months and 13 through 17 years whose parent or guardian participated in the household survey. The type of vaccine, the number of vaccinations, and the dates of vaccination will be compared with information obtained during the interview. The protected health information requested is the minimum necessary to accomplish the objectives of the study.

The parent/guardian has agreed to participate in this study, and has consented during the interview to allow us to obtain immunization information from your records. Enclosed is a copy of the form(s) used to document the parent/guardian consent to disclose information from their child(ren)'s immunization record(s). Pursuant to the document of consent, we would appreciate the completion of the enclosed Immunization History Questionnaire(s) for the named child(ren) whether or not you were the provider of the immunizations.

Please be assured that there are several ways that the Privacy Rule (as mandated by the Health Insurance Portability and Accountability Act (HIPAA)) allows you to participate in this study. Disclosures of patient data are permitted for public health surveillance purposes and for research that has been approved by an Institutional Review Board - both of which apply to this survey. In addition, a Privacy Board at the Centers for Disease Control and Prevention has reviewed this study. We invite you to visit our respondent website (<http://www.cdc.gov/nis>) for information regarding the survey including important policies and procedures regarding confidentiality and meeting the HIPAA Privacy Rule requirements. Additional information regarding HIPAA is available at the following website: <http://www.hhs.gov/ocr/hipaa/guidelines/publichealth.pdf>.

This study is authorized by Section 306 of the Public Health Service Act and the National Childhood Vaccine Injury Act of 1986. Through a partnership with the National Center for Health Statistics, the information you supply will be treated confidentially, as specified by law in Section 308(d) of the Public Health Service Act and the Confidential Information Protection and Statistical Efficiency Act. The information will be used for statistical purposes only and we will not release any information that could identify you, your practice, your facility, the child, or the child's family. Although your participation is voluntary, we hope that you will choose to participate.

You may participate by completing the enclosed questionnaire(s) and faxing it or mailing it in the enclosed prepaid envelope to NORC with the vaccination information. As these medical documents are confidential, if sending a fax please take extra care to dial the correct toll-free fax number. Mail to or fax to:

National Opinion Research Center  
National Health Interview Survey  
1 North State Street, FL 16  
Chicago, IL 60602

FAX: (866) 324-8659

To assist you with HIPAA recordkeeping, we have provided you with a Documentation Notice for HIPAA Accounting. This document should be placed in each child's record.

In developing this package, efforts have been made to consolidate multiple requests for immunization records for children in your practice. However, as the survey collects information continuously throughout the year, you may receive additional requests for immunization information on other children for whom you provide medical care. Enclosed for your information and reference is an MMWR article about vaccination coverage levels in the nation.

If you have any questions or comments about the enclosed material, or the records being requested, please call 1-800-817-4316. If you would like additional information about the National Health Interview Survey, please call Ms. Marcie Cynamon at (301) 458-4174 with the Centers for Disease Control and Prevention. Your participation in the National Health Interview Survey Provider Record Check Study is greatly appreciated.

Sincerely yours,



Anne Schuchat, M.D.  
Rear Admiral, United States Public Health  
Service  
Director, National Center for Immunization  
and Respiratory Diseases

Enclosures:

Immunization History Questionnaire(s) (for each child)

NHIS Documentation Notice for HIPAA Accounting (for each child)

MMWR article

Frequently Asked Questions about the HIPAA and the NHIS

Institutional Review Board Approval

Business Reply Envelope

**FROM THE DIRECTOR, NATIONAL CENTER FOR IMMUNIZATION  
AND RESPIRATORY DISEASES**

A packet of materials from the Centers for Disease Control and Prevention was sent to your practice recently with a request to complete and return the Immunization History Questionnaire for a child 19 through 35 months and 13 through 17 years, whose parent or guardian granted permission in a recent household survey. Enclosed is a list of the children who we are seeking your immunization verification, and the status of the corresponding Immunization History Questionnaire.

The U.S. Public Health Service is committed to reaching the goal that, by the year 2010, at least 90 percent of children in the United States be completely vaccinated. The National Health Interview Survey Provider Record Check Study will report the up-to-date status of children at the national level. The information collected from the child's health care providers will be used to compare reports of vaccinations collected from the child's parent/guardian during a national household survey sponsored by the Centers for Disease Control and Prevention (CDC). The protected health information requested is the minimum necessary to accomplish the objectives of the study.

If you have returned the requested information, thank you for your participation and please disregard this reminder. Your participation is critical to the success of this study so if you have not returned the Immunization History Questionnaire, please mail or fax the completed questionnaire(s) to:

National Opinion Research Center  
National Health Interview Survey  
1 North State Street, FL 16  
Chicago, IL 60602

FAX: (866) 324-8659  
INFO LINE: (800) 817-4316

Thank you for your cooperation in this most important endeavor.

Sincerely yours,



Anne Schuchat, M.D.  
Rear Admiral, United States Public Health  
Service  
Director, National Center for  
Immunization and Respiratory Diseases

Enclosure: complete roster/ status of Immunization History  
Questionnaires which have been issued  
**FROM THE DIRECTOR, NATIONAL CENTER FOR IMMUNIZATION  
AND RESPIRATORY DISEASES**

A packet of materials from the Centers for Disease Control and Prevention was sent to your practice recently with a request to complete and return the Immunization History Questionnaire(s) for the child(ren) whose name appears on the enclosed form.

The U.S. Public Health Service is committed to reaching the **Healthy People 2010** objective that at least 90 percent of children in the United States receive all recommended immunizations. To measure progress toward this goal, the Centers for Disease Control and Prevention (CDC) is conducting the National Health Interview Survey Provider Record Check Study. This study will report the up-to-date status of children at the national level.

This study includes determining the validity of household reports of immunization by comparing telephone interview reports with the

immunization information from health care provider offices. We are requesting information from all medical providers on vaccinations given and the dates of vaccination for children 19 through 35 months and 13 through 17 years who participated in the survey. The type of vaccine, the number of vaccinations, and the dates of vaccination will be compared with information obtained from the child's or children's parent or guardian in the survey. The protected health information requested is the minimum necessary to accomplish the objectives of the study.

If you have returned the requested information, thank you for your participation. As this survey collects information continuously throughout the year, you may find additional requests for immunization information within this mailing so please review the enclosed roster. If you have not returned the Immunization History Questionnaire(s), please mail or fax the completed questionnaire(s) to:

National Opinion Research Center  
National Health Interview Survey  
1 North State Street, FL 16  
Chicago, IL 60602

FAX: (866) 324-8659

Your participation is critical to the success of this study so it is important that we receive your information as soon as possible so we have time to follow-up, if necessary, prior to the end of the data collection period. For your convenience, we have enclosed another copy of the questionnaire(s) and a postage paid envelope.

If you have any questions about the record(s) being requested, please call 1-800-817-4316. To assist you with HIPAA recordkeeping, we have provided you with a Documentation Notice for HIPAA Accounting. This document should be placed in each child's record.

Please be assured that there are several ways that the Privacy Rule (as mandated by the Health Insurance Portability and Accountability Act (HIPAA)) allows you to participate in this survey. Disclosures of patient data are permitted for public health surveillance purposes and for research that has been approved by an Institutional Review Board – both of which apply to this survey. In addition, a Privacy Board at the Centers for Disease Control and Prevention has reviewed this study. We invite you to visit our respondent website (<http://www.cdc.gov/nis>) for information regarding the survey including important policies and procedures regarding confidentiality and meeting the HIPAA Privacy Rule requirements. Additional information regarding HIPAA is available at the following website:

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Enclosures:

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