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**UNITED STATES DEPARTMENT OF COMMERCE**  
**Economics and Statistics Administration**  
**U.S. Census Bureau**

Washington, DC 20233-0001

OFFICE OF THE DIRECTOR

FROM THE ACTING DIRECTOR  
U.S. CENSUS BUREAU

Dear

We received your signed Special Sworn Status forms for the National Immunization Survey (NIS) Provider Record Check Study. The U.S. Census Bureau, along with the Centers for Disease Control and Prevention (CDC), thank you for assisting us in this very important study.

The parent/guardian has agreed to participate in this study, and has verbally consented during the telephone interview or in person to allow us to obtain immunization information from your records. Enclosed is a copy of the form(s) used to document the parent/guardian verbal or written consent to disclose the information from their child(ren)'s immunization records. 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 complete the enclosed questionnaire(s) with the vaccination information and fax it or mail it in the enclosed postage-paid envelope to the U.S. Census Bureau. As these medical documents are confidential, if sending by fax please take extra care to dial the correct toll-free fax number.

Mail all completed forms in the enclosed prepaid envelope or fax to:

U.S. Census Bureau  
Attention SPB/DSPU/64C,  
1201 E 10th Street,  
Jeffersonville, IN 47132-0001

Toll-free fax: (1-888-595-1338)

To protect the identity of the children in this study, please also destroy the parent/guardian's consent documentation or return the consent documentation to the Census Bureau with the completed questionnaires in the postage-paid envelope. An explanation of the steps to take to maintain the confidentiality of the children in this study is included in this packet.

To assist you with HIPAA recordkeeping, we have provided you with a HIPAA Accounting of Disclosure. In order to protect the confidentiality of the children in this study under the Census Bureau's Title 13 requirements, it is important for you to use the documentation provided by the Census Bureau. Should your office require documentation be placed in each child's medical record please call the Census Bureau to request a form specially prepared for this study.

This survey is authorized by Title 42, United States Code, Sections 306 & 2102(a)(7) of the Public Health Service Act and by The National Childhood Vaccine Injury Act of 1986. Legal authorization for the Census Bureau to conduct the survey is granted by Title 13, United States Code, Section 8. The information you provide will be treated confidentially, as specified by law in Section 9 of Title 13. We will not release any information that could identify you, your practice, your facility, the child, or the child's family. The information collected will be used for statistical purposes only.

If you have any questions or comments about the enclosed material, or the records being requested, please call 1-888-595-1339. Your participation in the National Immunization Survey Provider Record Check Study is greatly appreciated.

Sincerely,

Thomas L. Mesenbourg  
Acting Director  
U.S. Census Bureau

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

Enclosures:

Documentation of Consent(s)  
Immunization History Questionnaire(s)  
HIPAA Accounting of Disclosure  
Explanation of the Immunization Survey Special Sworn Status  
Business Reply Envelope

U S C E N S U S B U R E A U

*Helping You Make Informed Decisions*

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