

Attachment X 7317-IMMRL - Director's Immunization Remail Letter for Providers

**FROM THE DIRECTOR
US CENSUS BUREAU**

**Dear [Name of SSS#1],
[Name of SSS#2],
[Name of SSS#3]:**

On behalf of the Centers for Disease Control and Prevention, the U.S. Census Bureau recently sent a packet of materials to your practice with a request to complete and return the Immunization History Questionnaire(s) (IHQ) for the child(ren) whose name appears on the enclosed form(s).

If you have returned the requested information, thank you for your participation. In this case, please destroy the enclosed consent forms and questionnaires.

If you have not returned the IHQ(s), please complete the enclosed questionnaire(s) and fax it or mail it in the enclosed prepaid envelope to the U.S. Census Bureau 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. If you still have the original consent forms and questionnaires we mailed you or if you find them later, please destroy them.

Mail all completed forms in the enclosed prepaid envelope or mail/fax toll-free to:

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

FAX: 1 - 888 - 595 - 1338

To protect the identity of the children in this study under the Census Bureau's Title 13 requirements, please do the following:

- Return the parent/guardian's consent form to the Census Bureau along with the completed questionnaire in the postage-paid envelope OR destroy both the consent form and hard copy of the questionnaire if you fax the IHQ.
- Use the HIPAA Accounting of Disclosure documentation provided by the Census Bureau for your HIPAA recordkeeping. 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.

- An explanation of the steps to take to maintain the confidentiality of the children in this study is included in this packet. This is similar to information mailed to you with the Immunization Survey Special Sworn Status form.

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,

[Electronic Signature]

[Director's Name]
Director, U.S. Census Bureau
Service

[Electronic Signature]

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

Enclosures:

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