

**U.S. Department of Health and Human Services  
Public Health Service**

**Information and Instructions for Completing  
Statement of Appointment (Form PHS 2271)**

The Public Health Service (PHS) estimates that it will take 15 minutes to complete this form. This includes time for reviewing the instructions, gathering needed information, and completing and reviewing the form. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. If you have comments regarding the amount of time it takes to complete this form or any other aspects of this collection of information, including suggestions for reducing this burden, send comments to: NIH, Project Clearance Office, 6705 Rockledge Drive MSC 7974, Bethesda, MD 20592-7974, ATTN: PRA (0925-0001). **Do not return the completed form to this address.**

## **I. INTRODUCTION**

This form is to be used to appoint individuals as trainees to institutional Ruth L. Kirschstein-National Service Research Award (Kirschstein-NRSA) programs (e.g., T32, T34, T35) and non-NRSA institutional research training programs (e.g., T15). It can also be used to document the appointment of scholars to institutional career development awards (e.g., K12) and individual participants to research education awards (e.g., R25).

Please read carefully the following instructions, including the Privacy Act Statement at the end of this document. All items on the form must be completed unless otherwise indicated in these instructions.

## **II. GENERAL INSTRUCTIONS**

### **A. Definitions:**

#### **Types of Awards**

**Kirschstein-NRSA.** Awards that provide undergraduate, predoctoral, and postdoctoral research training support under the authority of Section 487 of the PHS Act (42 USC 288). All Kirschstein-NRSA trainees must meet specific citizenship requirements – for details, see Item 8.

**Non-NRSA Research Training.** Awards that provide predoctoral and postdoctoral research training support through non-NRSA funding authorities. These training programs generally do not have the same provisions and requirements as Kirschstein-NRSA awards (e.g., specific citizenship requirements).

**Career Development.** Awards that provide doctoral-level investigators an opportunity to enhance their research careers. Individuals appointed to institutional career development awards must meet specific citizenship requirements—for details, see Item 8.

**Research Education.** Awards that provide support for programs intended to attract investigators to a specific field of study. Individuals appointed to research education award

programs may or may not be subject to specific citizenship requirements—for details, see Item 8.

### **Types of Appointments**

**Trainee.** A person appointed to and supported by an institutional Kirschstein-NRSA or non-NRSA research training award.

**Scholar.** A person appointed to and supported by an institutional career development award.

**Participant.** A person appointed to and supported by a research education award.

### **B. Application**

A “Statement of Appointment” form covers the support of an individual for a particular budget period and is required for each new appointment, reappointment, or amended appointment of an individual receiving stipend, tuition costs, or travel expenses as a trainee under a PHS institutional training grant, or salary as a scholar or participant under a career development or research education program award in which the institution selects and appoints the individual. The form (which is signed by both the individual and the Program Director) must be completed and submitted to PHS at the time the individual starts the appointment or reappointment, or, in the case of an amendment, as soon as the change occurs. If there are multiple Program Directors on the award, the contact PD should sign.

For **new** postdoctoral trainees appointed to Kirschstein-NRSA institutional grants, a signed and dated [payback agreement](#) must be submitted with this appointment form before a stipend or other allowance may be paid.

### **C. Submission**

The original should be sent to the awarding component. A copy should also be given to the trainee, scholar, or participant, the Program Director, and Business Official.

## **III. ITEM-BY-ITEM INSTRUCTIONS**

**Item 1. PHS Grant Number.** Insert the entire PHS Grant Number as shown on the particular Notice of Grant Award from which funds are provided, e.g., 5 T32 GM12453-03 would be listed as Type: 5; Activity Code: T32; ID Serial Number: GM12453-03.

**Item 2. Trainee/Scholar/Participant Name.** Include maiden name or other names in parentheses where applicable.

**Item 3. Sex.** Self-explanatory.

**Item 4. Type of Action.**

**New Appointment:** When an individual has not been previously supported by this training grant.

**Reappointment:** When an individual was supported by this grant during a previous budget period, the appointment covered by this form is designated a reappointment. Skip the shaded items if the information provided will be the same as that reported during the prior budget period. Always complete the non-shaded items.

**Amendment:** “Amendment” pertains only to a change of item 2 (Name); 9 (Permanent Mailing Address); 15 (Appointment Period); or 20 (Support from this Grant) during a period of appointment for which a “Statement of Appointment” form has already been submitted. Amendments must be submitted as soon as the change occurs. Complete only items 1, 2, 4, 6, 22, 23, and the item(s) to be amended.

**Item 5. Prior NRSA Support.** Individuals being appointed to a Kirschstein-NRSA institutional grant for the first time or being reappointed after a break in support must indicate if they have received prior Kirschstein-NRSA support from either an individual award or institutional grant. If yes, specify on the form the dates of support, the level (pre- or post-), the mechanism (individual award or institutional grant), and the grant number, if known. (See the Program Guidelines for limitations on total period of support.)

**Item 6. Social Security Number.** Trainees/scholars/participants are asked to voluntarily provide the last four digits of their Social Security Numbers. This information provides the agency with vital information necessary for accurate identification and review of appointments and for management of PHS grant programs. See the Privacy Act Statement at the end of these instructions for further information concerning this request.

**Item 7. Birthdate.** Self-explanatory.

**Item 8. Citizenship.** Check the box corresponding to the trainee's, scholar's, or participant's citizenship and visa status. If not a U.S. citizen, list the country of citizenship.

A **noncitizen national** is an individual who, although not a citizen of the United States, owes permanent allegiance to the United States. Individuals in this category are generally born in lands which are not States, but which are under U.S. sovereignty, jurisdiction, or administration (e.g., American Samoa).

Kirschstein-NRSA trainees and institutional career development scholars must be U.S. citizens, non-citizen nationals, or permanent residents of the United States. Individuals on temporary or student visas are not eligible. Trainees or scholars in these programs who are permanent residents of the U.S. must submit a notary's signed statement with this appointment form certifying that they have (1) a Permanent Resident Card (USCIS Form I-551), or (2) other legal verification of such status.

Trainees in non-NRSA research training programs and participants in research education award programs should consult the applicable Funding Opportunity Announcement (FOA) for citizenship requirements.

**Item 9. Permanent Mailing Address.** Give an address where the appointed individual can be reached by mail **after** completion of the program. (Do not give present address unless it is considered permanent as defined above.)

**Items 10-13. Race/Ethnicity/Disability/Disadvantaged Background.** Responses to these items will help provide statistical information on the participation of individuals from diverse groups in Public Health Service (PHS) programs and identify inequities in terms of recruitment and retention based on race, ethnicity, disability and/or disadvantaged background.

Trainees, scholars, and participants are strongly encouraged to provide this information, however declining to do so will in no way affect their appointments.

This information will be retained by the PHS in accordance with and protected by the Privacy Act of 1974. Racial/ethnic/disability/background data are confidential and all analyses utilizing the data will report aggregate statistical findings only and will not identify individuals. (See the Privacy Act Statement at the end of these instructions for more information.)

## **10. Are you Hispanic (or Latino)?**

**Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino".

### 11. What is your racial background?

Check one or more.

**American Indian or Alaska Native.** A person having origins in any of the original peoples of North, Central, or South America and maintains tribal affiliation or community.

**Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”

**Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

### 12. Do you have a disability?

**Disability:** A physical or mental impairment that substantially limits one or more major life activities.

### 13. Are you from a disadvantaged background?

**Disadvantaged Background:** An individual is considered to be from a disadvantaged background if he or she:

1. Comes from a family with an annual income below established low-income thresholds, published by the U.S. Bureau of the Census; adjusted annually for changes in the Consumer Price Index; and adjusted by the Secretary for use in all health professions programs. The Secretary periodically publishes these income levels at <http://aspe.hhs.gov/poverty/index.shtml>. Individuals falling in this category must have qualified for Federal disadvantaged assistance or have received Health Professional Student Loans (HPSL), Loans for Disadvantaged Student Program, or scholarships from the U.S. Department of Health and Human Services under the Scholarship for Individuals with Exceptional Financial Need.
2. Comes from a social, cultural, or educational environment, such as that found in certain rural or inner-city environments, that has demonstrably and recently directly inhibited the acquisition of the knowledge, skills, and abilities necessary to develop and participate in a research career. This category is most applicable to high school and perhaps undergraduate students, but more difficult to justify for individuals beyond that level of achievement.

**Item 14. Field of Training (FOT).** Provide a single numeric FOT code from the list below that best fits the research training that will be provided during the appointment. Use the subcode (nonbold lowercase) unless the broader category (bold uppercase) fits best.

**1000 I. Predominantly Non-Clinical or Lab-Based Research Training**

**1100 BIOCHEMISTRY**

- 1110 Biological Chemistry
- 1120 Bioenergetics
- 1130 Enzymology
- 1140 Metabolism

**1200 BIOENGINEERING**

- 1210 Bioelectric/Biomagnetic
- 1220 Biomaterials
- 1230 Biomechanical Engineering
- 1240 Imaging
- 1250 Instrumentation and Devices
- 1260 Mathematical Modeling
- 1270 Medical Implant Science
- 1280 Nanotechnology
- 1290 Rehabilitation Engineering
- 1310 Tissue Engineering

**1400 BIOPHYSICS**

- 1410 Kinetics
- 1420 Spectroscopy
- 1430 Structural Biology
- 1440 Theoretical Biophysics

**1500 BIOTECHNOLOGY**

- 1510 Applied Molecular Biology
- 1520 Bioprocessing and Fermentation
- 1530 Metabolic Engineering

**1600 CELL AND DEVELOPMENTAL BIOLOGY**

- 1610 Cell Biology
- 1620 Developmental Biology

**1700 CHEMISTRY**

- 1710 Analytical Chemistry
- 1720 Bioinorganic Chemistry
- 1730 Bioorganic Chemistry
- 1740 Biophysical Chemistry
- 1750 Medicinal Chemistry
- 1760 Physical Chemistry
- 1770 Synthetic Chemistry

**1900 ENVIRONMENTAL SCIENCES**

**2000 GENETICS**

- 2010 Behavioral Genetics
- 2020 Developmental Genetics
- 2030 Genetic Epidemiology
- 2040 Genetics of Aging
- 2050 Genomics
- 2060 Human Genetics
- 2070 Molecular Genetics
- 2080 Population Genetics

**2200 IMMUNOLOGY**

- 2210 Asthma and Allergic Mechanisms
- 2220 Autoimmunity
- 2230 Immunodeficiency
- 2240 Immunogenetics
- 2250 Immunopathology
- 2260 Immunoregulation

- 2270 Inflammation
- 2280 Structural Immunology
- 2290 Transplantation Biology
- 2310 Vaccine Development

**2400 MICROBIOLOGY AND INFECTIOUS DISEASES**

- 2410 Bacteriology
- 2420 Etiology
- 2430 HIV/AIDS
- 2440 Mycology
- 2450 Parasitology
- 2460 Pathogenesis of Infectious Diseases
- 2470 Virology

**2600 MOLECULAR BIOLOGY**

**2800 NEUROSCIENCE**

- 2810 Behavioral Neuroscience
- 2820 Cellular neuroscience
- 2830 Cognitive neuroscience
- 2840 Communication Neuroscience
- 2850 Computational Neuroscience
- 2860 Developmental Neuroscience
- 2870 Molecular Neuroscience
- 2880 Neurochemistry
- 2890 Neurodegeneration
- 2910 Neuropharmacology
- 2920 Systems/Integrative Neuroscience

**3100 NUTRITIONAL SCIENCES**

**3200 PHARMACOLOGY**

- 3210 Molecular Pharmacology
- 3220 Pharmacodynamics
- 3230 Pharmacogenetics
- 3240 Toxicology

**3300 PHYSIOLOGY**

- 3310 Aging
- 3320 Anesthesiology (basic science)
- 3330 Endocrinology (basic science)
- 3340 Exercise Physiology (basic science)
- 3350 Integrative Biology
- 3360 Molecular Medicine
- 3370 Physiological Optics
- 3380 Reproductive Physiology

**3500 PLANT BIOLOGY**

**3600 PSYCHOLOGY, NON-CLINICAL**

- 3610 Behavioral Communication Sciences
- 3620 Behavioral Medicine (non-clinical)
- 3630 Cognitive Psychology
- 3640 Developmental and Child Psychology
- 3650 Experimental & General Psychology
- 3660 Mind-Body Studies
- 3680 Neuropsychology
- 3690 Personality and Emotion
- 3710 Physiological Psychology & Psychobiology

- 3720 Psychology of Aging
- 3730 Psychometrics
- 3740 Psychophysics
- 3750 Social Psychology

**3900 PUBLIC HEALTH**

- 3910 Disease Prevention and Control
- 3920 Epidemiology
- 3930 Health Economics
- 3940 Health Education
- 3950 Health Policy Research
- 3960 Health Services Research
- 3970 Occupational and Environmental Health

**4100 RADIATION, NON-CLINICAL**

- 4110 Nuclear Chemistry
- 4120 Radiation Physics
- 4130 Radiobiology

**4200 SOCIAL SCIENCES**

- 4210 Anthropology
- 4220 Bioethics
- 4230 Demography & Population Studies
- 4240 Economics
- 4250 Education
- 4260 Language and Linguistics
- 4270 Sociology

**4400 STATISTICS AND/OR RESEARCH METHODS AND/OR INFORMATICS**

- 4410 Biostatistics and/or Biometry
- 4420 Bioinformatics
- 4430 Computational Science
- 4440 Information Science
- 4450 Clinical Trials Methodology

**4600 TRAUMA, NON CLINICAL**

**5000 OTHER, Predominantly Non-Clinical or Lab-Based Research Training**

**6000 II. Predominantly Clinical Research Training (can include any degree)**

**6100 ALLIED HEALTH**

- 6110 Audiology
- 6120 Community Psychology
- 6130 Exercise Physiology (clinical)
- 6140 Medical Genetics
- 6150 Occupational Health
- 6160 Palliative Care
- 6170 Physical Therapy
- 6180 Pharmacy
- 6190 Social Work
- 6210 Speech-language Pathology
- 6211 Rehabilitation

**6400 DENTISTRY**

**6500 CLINICAL DISCIPLINES**

- 6510 Allergy
- 6520 Anesthesiology
- 6530 Behavioral Medicine (clinical)
- 6540 Cardiovascular Diseases
- 6550 Clinical Laboratory Medicine

6560 Clinical Nutrition  
6570 Clinical Pharmacology  
6580 Complementary and  
Alternative Medicine  
6590 Clinical Psychology  
6610 Connective Tissue Diseases  
6620 Dermatology  
6630 Diabetes  
6640 Gastroenterology  
6650 Endocrinology  
6660 Immunology  
6670 Gene Therapy (clinical)  
6680 Geriatrics  
6690 Hematology  
6710 HIV/AIDS  
6820 Infectious Diseases

6830 Liver Diseases  
6840 Metabolic Diseases  
6850 Nephrology  
6860 Neurology  
6870 Ophthalmology  
6880 Nuclear Medicine  
6890 OB-GYN  
6910 Oncology  
6920 Orthopedics  
6930 Otorhinolaryngology  
6940 Preventive Medicine  
6950 Radiation, Interventional  
6960 Pulmonary Diseases  
6970 Radiology, Diagnostic  
6980 Rehabilitation Medicine  
6990 Psychiatry

7110 Surgery  
7120 Trauma  
7130 Urology

**7300 PEDIATRIC DISCIPLINES**

7310 Pediatric Endocrinology  
7320 Pediatric Hematology  
7330 Pediatric Oncology  
7340 Pediatric, Prematurity &  
Newborn

**7500 NURSING**

**7700 VETERINARY MEDICINE**

**8000 OTHER, Predominantly  
Clinical Research Training**

---

**Item 15. Period of this Appointment.** The period shown in most cases will be 12 months. Appointment periods may exceed 12 months in rare cases and only with prior approval from the PHS. The amount of the stipend/salary and tuition for each full period of appointment must be obligated from funds available at the time the appointment begins, unless other arrangements have been made with PHS.

Other instructions should be requested where institutional accounting practice precludes obligations of stipend/salary and tuition in the amount required for the full appointment period.

**Item 16. Education.** List undergraduate, master's, and doctoral degrees and the month and year earned.

**Item 17. Specialty Boards.** If applicable, select a specialty from the attached list. If not applicable, indicate N/A.

**Items 18-19. Degrees Sought.** Provide the degree sought under the award. Indicate whether the appointee is in a dual degree program (e.g., M.D./Ph.D.).

Include the date that all degree requirements are expected to be completed.

**Item 20. Support for Period of Appointment.** Indicate the total amount the appointee expects to receive from the grant during the appointment period.

**Item 21. Statement of Nondelinquency on U.S. Federal Debt.** A "Statement of Nondelinquency on Federal Debt" is required for each particular appointment period and is to be completed by each individual (trainee) appointed to receive financial support under a PHS institutional training grant.

If the prospective trainee is delinquent on Federal debt, the PHS must review the explanation required to be provided on, or attached to, the form. In such case the PHS shall (a) take such information into account when determining whether the prospective trainee is responsible with respect to that appointment, and (b) consider not approving the appointment until payment is made or satisfactory arrangements are made with the agency to whom the debt is owed.

Therefore, it may be necessary for the PHS to contact the prospective trainee before the appointment can be approved to confirm the status of the debt and ascertain the payment arrangements for its liquidation. Individuals failing to liquidate indebtedness to the Federal Government in a businesslike manner place themselves at risk of not receiving PHS financial assistance.

The PHS awarding component shall notify the sponsoring institution in writing of its decision regarding

the approval of a prospective appointee where this form discloses delinquency on Federal debt.

The trainee must check the appropriate box. If the "Yes" box is checked, please provide an explanation in the space provided. The question applies only to the person requesting financial assistance, and does not apply to the person who signs the form as the Program Director.

Examples of Federal Debt include delinquent taxes, audit disallowances, guaranteed or direct student loans, FHA loans, business loans, and other miscellaneous administrative debts. For purposes of this certification, the following definitions of "delinquency" apply:

- For direct loans and fellowships (whether awarded directly to the applicant by the Federal Government or by an institution using Federal funds), a debt more than 31 days past due on a scheduled financial payment. (This definition excludes service payback under a National Research Service Award.)
- For guaranteed and insured loans, recipients of a loan guaranteed by the Federal Government that the Federal Government has repurchased from a lender because the borrower breached the loan agreement and is in default.
- For grants, organizations in receipt of a "Notice of Grants Cost Disallowance" which have not repaid the disallowed amount or which have not resolved the disallowance. (This definition excludes disallowance in an "appeal" status.)

**Item 22. Certification and Signature of Appointee.** Self-explanatory.

**Item 23. Certification, Signature, and Address of Program Director.** Self-explanatory.





**Department of Health and Human Services**  
**Public Health Services**  
**Statement of Appointment**  
*(Please Type)*

**Follow attached instructions carefully.** Submit this form at the time the individual is appointed, is reappointed, or the reported appointment is amended. Return this form to the PHS awarding component. For new postdoctoral trainees under NRSA, signed and dated payback agreement **must** accompany this form.

1. PHS GRANT NUMBER			2. APPOINTEE'S NAME ( <i>Last, first, initial</i> )	3. SEX <input type="checkbox"/> M <input type="checkbox"/> F
Type	Activity	ID Serial No.		

4. TYPE OF ACTION ( <i>Check only one type</i> ) <input type="checkbox"/> NEW appointment (NOT previously supported by this grant) <input type="checkbox"/> REAPPOINTMENT (Previously supported by this grant) <input type="checkbox"/> AMENDMENT of items checked: <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 15 <input type="checkbox"/> 20	5. PRIOR NRSA SUPPORT ( <i>Individual or institutional</i> ) <input type="checkbox"/> NO <input type="checkbox"/> YES (If "Yes," see instructions)
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------

6. SOCIAL SECURITY NO. XXX-XX-	7. BIRTHDATE ( <i>Month, day, year</i> )
-----------------------------------	------------------------------------------

8. CITIZENSHIP ( <i>See instructions</i> ) <input type="checkbox"/> U.S. Citizen or Noncitizen National Non-U.S. Citizen <input type="checkbox"/> With a Permanent U.S. Resident Visa ("Green Card") <input type="checkbox"/> With a Temporary U.S. Visa  If not a U.S. citizen, of which country are you a citizen?	9. PERMANENT MAILING ADDRESS	
	E-mail	

10. Are you Hispanic (or Latino)?  YES  NO  Do Not Wish to Provide

11. What is your racial background? <i>Check one or more</i> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Do Not Wish to Provide	12. Do you have a disability? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Do Not Wish to Provide	
	If yes, which of the following categories describe your disability(ies):	
	<input type="checkbox"/> Hearing	<input type="checkbox"/> Mobility/Orthopedic Impairment
	<input type="checkbox"/> Visual	<input type="checkbox"/> Other
	13. Are you from a disadvantaged background? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Do Not Wish to Provide	

14. FIELD OF RESEARCH TRAINING OR CAREER DEVELOPMENT ( <i>for this appointment</i> ) Enter a 4 digit code from instructions: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	15. PERIOD OF APPOINTMENT ( <i>Month, day, year</i> ) From: <input type="text"/> To: <input type="text"/>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------

16. EDUCATION – AFTER HIGH SCHOOL ( <i>Indicate all academic and professional education. For foreign degrees, give U.S. equivalent.</i> )				
(a) Name of Institution and Location (List most recent first)	(b) Degree(s) Received		(c) Major Field	(d) Minor Field
	Degree	Mo./Yr.		

17. NAME OF SPECIALTY BOARDS (if applicable)

18. DEGREE(S) SOUGHT  YES  NO

If yes, indicate type of degree

Are you in a dual degree program (e.g., M.D./Ph.D.)?  YES  NO

19. EXPECTED COMPLETION DATE OF DEGREE REQUIREMENTS (if applicable)

20. SUPPORT FOR PERIOD OF APPOINTMENT

TYPE	Total for this Grant (Omit cents)
Stipend / Salary / Other Compensation	\$
Tuition/fees (estimated)	\$
Travel (estimated)	\$
TOTAL	\$

21. STATEMENT OF NONDELINQUENCY ON U.S. FEDERAL DEBT. Is the appointee delinquent on the repayment of any U.S. Federal debt(s)?

NO  YES (If "Yes," please explain below.)

22. CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true and complete to the best of my knowledge and that I will comply with all applicable Public Health Service terms and conditions governing my appointment. I am aware that any false, fictitious or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.	(a) SIGNATURE OF APPOINTEE	(b) DATE
23. This individual is qualified for this program and is eligible to receive financial support for the period specified above. A copy of this appointment form will be given to the individual.	(a) SIGNATURE OF PROGRAM DIRECTOR	(b) DATE

(c) TYPED NAME OF PROGRAM DIRECTOR

(d) INSTITUTION'S NAME, ADDRESS, AND PHONE NO.  
(Street, city, state, zip code)

## Privacy Act Statement

The PHS maintains application and grant records as part of a system of records as defined by the Privacy Act: 09-25-0112, Grants and Cooperative Agreements: Research, Research Training, Fellowship, and Construction Applications and Related Awards. The Privacy Act of 1974 (5 USC 522a) allows disclosures for "routine uses" and permissible disclosures.

Some routine uses may be:

1. To the cognizant audit agency for auditing.
2. To a Congressional office from a record of an individual in response to an inquiry from the Congressional office made at the request of that individual.
3. To qualified experts, not within the definition of DHHS employees as prescribed in DHHS regulations (45 CFR 5b.2) for opinions as part of the application review process.
4. To a Federal agency, in response to its request, in connection with the letting of a contract or the issuance of a license, grant, or other benefit by the requesting agency, to the extent that the record is relevant and necessary to the requesting agency's decision on the matter;
5. To organizations in the private sector with whom PHS has contracted for the purpose of collating, analyzing, aggregating, or otherwise refining records in a system. Relevant records will be disclosed to such a contractor, who will be required to maintain Privacy Act safeguards with respect to such records.
6. To the sponsoring organization in connection with the review of an application or performance or administration under the terms and conditions of the award, or in connection with problems that might arise in performance or administration if an award is made.
7. To the Department of Justice, to a court or other tribunal, or to another party before such tribunal, when one of the following is a party to litigation or has any interest in such litigation, and the DHHS determines that the use of such records by the Department of Justice, the tribunal, or the other party is relevant and necessary to the litigation and would help in the effective representation of the governmental party.
  - a. the DHHS, or any component thereof;
  - b. any DHHS employee in his or her official capacity;
  - c. any DHHS employee in his or her individual capacity where the Department of Justice (or the DHHS, where it is authorized to do so) has agreed to represent the employee; or
  - d. the United States or any agency thereof; where the DHHS determines that the litigation is likely to affect the DHHS or any of its components.
8. A record may also be disclosed for a research purpose, when the DHHS:
  - a. has determined that the use or disclosure does not violate legal or policy limitations under which the record was provided, collected, or obtained;
  - b. has determined that the research purpose (1) cannot be reasonably accomplished unless the record is provided in individually identifiable form, and (2) warrants the risk to the privacy of the individual that additional exposure of the record might bring;
  - c. has secured a written statement attesting to the recipient's understanding of; and willingness to abide by, these provisions; and
  - d. has required the recipient to:
    - (1) establish reasonable administrative, technical, and physical safeguards to prevent unauthorized use or disclosure of the record;
    - (2) destroy the information that identifies the individual at the earliest time at which removal or destruction can be accomplished consistent with the purpose of the research project, unless the recipient has presented adequate justification of a research or health nature for retaining such information; and
    - (3) make no further use or disclosure of the record, except (a) in emergency circumstances affecting the health or safety of any individual, (b) for use in another research project, under these same conditions, and with written authorization of the DHHS, (c) for disclosure to a properly identified person for the purpose of an audit related to the research project, if information that would enable research subjects to be identified is removed or destroyed at the earliest opportunity consistent with the purpose of the audit, or (d) when required by law.

The Privacy Act also authorizes discretionary disclosures where determined appropriate by the PHS, including to law enforcement agencies, to the Congress acting within its legislative authority, to the Bureau of the Census, to the National Archives, to the General Accounting Office, pursuant to a court order, or as required to be disclosed by the Freedom of Information Act of 1974(5 USC 552) and the associated DHHS regulations (45 CFR Part 5).