



REQUEST FOR AUTHORIZATION TO GIVE ASSURANCE OF CONFIDENTIALITY

UNDER SECTION 308(d) OF THE PUBLIC HEALTH SERVICE ACT

NOTE: Do not obtain signature on this form until OCSO and the Project Officer have agreed on final versions of the 308(d) Justification, Assurance, and Security Statement.
(See "Assurance of Confidentiality Application Procedure" for instructions on completing this form.)

1. REQUESTED BY:			
Name of Project Officer/Principal Investigator: <u>Daniel Pollock, MD</u>	Bldg/Rm No.: <u>16</u> <u>3364</u>	MailStop: <u>A24</u>	Phone No.: <u>(404) 639-4237</u>
Center/Institute/Office: <u>NCID</u>	Division: <u>Healthcare Quality Promotion</u>		
Request Status: <input type="checkbox"/> New <input checked="" type="checkbox"/> Amended Request <input checked="" type="checkbox"/> Extension Request	Period of time authorization needed for data collection: (Indicate "ongoing" if project will continue indefinitely.) From: <u>03/31/2005</u> To: <u>Ongoing</u>		

Approval of Request by Center/Institute/Office Director or Designee:

<u>Elise M. Beltrami</u> Associate Director for Scientific Integrity Name and Organizational Title <u>NCEZID</u>	<u>Elise Beltrami</u> Signature	<u>9/10/10</u> Date
--	------------------------------------	------------------------

2. TITLE OF PROJECT:
<u>National Healthcare Safety Network</u>

3. JUSTIFICATION STATEMENT:
<i>Please attach the justification statement. (See "Assurance of Confidentiality Application Procedure" for further details.)</i>

4. - FOR OCSO USE ONLY -	
Transmitted to Confidentiality Review Group: <u>August 24, 2010</u> Date	
Confidentiality Review Group recommends: <input checked="" type="checkbox"/> Approval <input type="checkbox"/> Disapproval <u>September 2, 2010</u> Date	
-- ASSURANCE OF CONFIDENTIALITY IS AUTHORIZED --	
Signature: <u>[Signature]</u> CDC ASSOCIATE DIRECTOR FOR SCIENCE <u>9/24/2010</u> Date	