

## **Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0990-0383)**

**TITLE OF INFORMATION COLLECTION:** Survey for Obtaining Feedback on HIPAA Training for State Attorneys General & Staff and HIPAA Privacy and Security Performance Audit Survey for Selected Covered Entities

### **PURPOSE:**

#### **State Attorneys General Training:**

Over the past year, the Office for Civil Rights (OCR) has provided in-person training and computer-based training materials on the Health Insurance Portability and Accountability Act (HIPAA) for staff of the State, Territorial, and District of Columbia Attorneys General. OCR provided this training to help prepare the offices of the Attorneys General to exercise their authority under the Health Information Technology for Economic and Clinical Health (HITECH) Act to enforce the HIPAA regulations on behalf of the residents of their states and territories. OCR would like to obtain feedback from those who attended the in-person training sessions or completed the computer-based training to learn whether the training was useful and to improve future training for this audience.

#### **Performance Audits:**

Also, Congress mandated that HHS provide for periodic audits to ensure that covered entities and business associates are in compliance with the Privacy and Security Rules. OCR has developed a protocol and contracted services to perform HIPAA privacy and security compliance audits. OCR would like to gather data about the size and complexity of potential auditees for the performance audits which will assist OCR in selecting a range of entities of various sizes and complexity.

### **DESCRIPTION OF RESPONDENTS:**

State AG Training: Employees of the offices of Attorneys General who participated or will participate in the HIPAA training.

Performance Audit: Respondents will be HIPAA covered entities. This includes health plans, health care providers, and health care clearinghouses.

### **TYPE OF COLLECTION:** (Check one)

<input type="checkbox"/> Customer Comment Card/Complaint Form	<input checked="" type="checkbox"/> Customer Satisfaction Survey (State AG Training)
<input type="checkbox"/> Usability Testing (e.g., Website or Software	<input type="checkbox"/> Small Discussion Group
<input type="checkbox"/> Focus Group	<input checked="" type="checkbox"/> Other: <u>Data Collection Survey (Performance Audit)</u>

### **CERTIFICATION:**

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: Zinethia Clemons

To assist review, please provide answers to the following question:

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [ ] Yes [ X ] No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [ ] Yes [ ] No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published? [ ] Yes [ ] No

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [ X ] No

**BURDEN HOURS: In-Person Training Survey**

<b>Category of Respondent</b>	<b>No. of Respondents</b>	<b>Participation Time</b>	<b>Burden</b>
(3) State, local, or tribal governments	220	5 minutes each	18.33 hours
<b>Totals</b>	<b>220</b>	<b>5 minutes each</b>	<b>18.33 hours</b>

**BURDEN HOURS: Computer-Based Training Survey**

<b>Category of Respondent</b>	<b>No. of Respondents</b>	<b>Participation Time</b>	<b>Burden</b>
(3) State, local, or tribal governments	220	5 minutes each	18.33 hours
<b>Totals</b>	<b>220</b>	<b>5 minutes each</b>	<b>18.33 hours</b>

**BURDEN HOURS: Performance Audits**

<b>Category of Respondent</b>	<b>No. of Respondents</b>	<b>Participation Time</b>	<b>Burden</b>
Private sector	115	5 minutes	9.58 hours
State, local, or tribal government	115	5 minutes	9.58 hours
Federal government	115	5 minutes	9.58 hours
<b>Totals</b>	<b>115</b>	<b>5 minutes per respondent</b>	<b>9.58 hours</b>

**FEDERAL COST:**

State AG Training: The estimated cost to the Federal government is \$325.28. OCR will post this survey on the HHS.gov web site thus eliminating postage and other fees associated with mailing the survey.

Performance Audit: The estimated annual cost to the Federal government is \$200.

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The selection of your targeted respondents**

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?

[  ] Yes [  ] No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

State AG Training: OCR will send emails to individuals who attended the in-person training directing them to a url where they can complete and anonymously submit their survey responses. OCR will also send a letter to each Attorney General requesting that a staff member who has completed the computer-based training follow the url to the survey.

Performance Audits: OCR has a listing which captures the universe of covered entities that are potential subjects of HIPAA compliance audits. OCR needs certain information from the entities in order to plan and conduct the audits OCR's contractor will select a sample of covered entities from and disseminate the survey to gather information regarding the size and complexity of the entity for the purpose of expediting HIPAA Privacy and Security audits.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)

[  ] Web-based or other forms of Social Media (State AG Training)  
[  ] Telephone (Audit)  
[  ] In-person  
[  ] Mail (Audit)  
[  ] Other, Explain

Will interviewers or facilitators be used? [  ] Yes [  ] No

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**

**Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”**

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**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**DESCRIPTION OF RESPONDENTS:** Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Provide answers to the questions. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

**Gifts or Payments:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

**BURDEN HOURS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.

**No. of Respondents:** Provide an estimate of the Number of respondents.

**Participation Time:** Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

**Burden:** Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The selection of your targeted respondents.** Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

**Submit all instruments, instructions, and scripts are submitted with the request.**