

1 REQUESTED BY

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES Public Health Service Centers for Disease Control and Prevention (CDC)

Control No.:	
CONTROL NO	

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.)

Name of Project Officer/Principal Investigator:	Bldg/Rm No.:		MailStop:	Phone No.:		
Jianglan White	Corp Sq	3216	GS37	(404) 718-8551		
Center/Institute/Office:		Division:				
NCHHSTP		Division of Viral Hepatitis				
Request Status: New Amended Request Extension Request		Period of time authorization needed for data collection: (Indicate "ongoing" if project will continue indefinitely.) From: 10-1-2012 To: 9-30-2017				
Approval of Request by Center/Institute/Office Director or Designee: Associate Director Deborab Holtzman, for Science, DVH Kuberah Heltzman Quzust 14, 2012 Name and Organizational Title Signature Date						
2. TITLE OF PROJECT:						
Hepatitis Testing and Linkage to Care (HEPTLC) Monitoring and Evaluation System						
3. JUSTIFICATION STATEMENT:			1 1 / 2 / 2 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2			
Please attach the justification statement. (See "Assurant	ce of Confi	dentiality A	pplication I	Procedure" for further details.)		
4 FOR OCSO USE ONLY -			THE RESERVE	MELLEN CONTRACTOR VALUE CANALA		
Transmitted to Confidentiality Review Group:			20			
8 14 2012 Date						
Confidentiality Review Group recommends:	1					
Approval Disapproval	1					
6 29 20 2 Date						
Assurance of Confidentiality Is Authorized						
Signature: 406MMMMUUL						
CDC ASSOCIATE DIRECTOR FOR SCIENCE						
10-3-12						
Date						
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