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

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.)

1. REQUESTED BY:

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:

Deborah Holtzman, Associate Director for Science, DVH — Deborah Holtzman — August 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:

Please attach the justification statement. *(See "Assurance of Confidentiality Application Procedure" for further details.)*

4. - FOR OCSO USE ONLY -

Transmitted to Confidentiality Review Group:

8/14/2012
Date

Confidentiality Review Group recommends:

☑ Approval ☐ Disapproval

8/29/2012
Date

-- ASSURANCE OF CONFIDENTIALITY IS AUTHORIZED --

Signature: [signature]
CDC ASSOCIATE DIRECTOR FOR SCIENCE

10-3-12
Date