



January 11, 2013

Office of the Assistant Secretary for Health  
Office of Population Affairs  
Washington DC 20201

To: Keith Tucker, Information Management Team Director

From: Deputy Assistant Secretary for Population Affairs

Subject: Consent for Sterilization Form – Approved Changes

In order to comply with the Paperwork Reduction Act (PRA) of 1995, the Office of Population Affairs (OPA), Department of Health and Human Services (DHHS), recently requested and received approval from the Office of Management and Budget (OMB) to extend use of the "*Consent for Sterilization Form*," (form HHS-687) for three years, until October 31, 2015. Approval for the Public Health Service (PHS) information collection requirement contained in the sterilization consent form has been given under OMB number 0937-0166. This request revised an approved collection for the disclosure and record-keeping requirements codified at 42 CFR part 50, subpart B, "Sterilization of Persons in Federally Assisted Family Planning Projects."

It was recently brought to our attention that the recently approved form had a limited number of discrepancies from the language in 42 CFR part 50, subpart B, "Sterilization of Persons in Federally Assisted Family Planning Projects," the regulation governing the PHS "*Consent for Sterilization Form*." After corresponding with OMB personnel, it was determined that the differences were non-substantive and did not warrant sending the document through the clearance process, especially since public comment was not needed. The correction to reflect the accurate language requires that the following changes are made:

#### **Change #1**

The word "thirty," which is used twice in the current form, should be changed to the number "30" to match the format used in the regulations (42 CFR part 50, subpart B) and display consistency with other references to the number in the document.

#### **Change #2**

The Paperwork Reduction Act Statement located on the back page of the currently approved consent form was shortened on the English version of the form without the Office of the General Counsel's approval. The current language is:

#### **PAPERWORK REDUCTION ACT STATEMENT**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0937-0166. The time required to complete this information collection is estimated to average 1 hour 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and

review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 537-H, Washington D.C. 20201, Attention: PRA Reports Clearance Officer  
This language should be replaced with:

**PAPERWORK REDUCTION ACT STATEMENT**

A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays the currently valid OMB control number. Public reporting burden for this collection of information will vary; however, we estimate an average of one hour per response, including for reviewing instructions, gathering and maintaining the necessary data, and disclosing the information. Send any comment regarding the burden estimate or any other aspect of this collection of information to the OS Reports Clearance Officer, ASBTF/Budget Room 503 HHH Building, 200 Independence Avenue, SW., Washington, DC 20201.

Respondents should be informed that the collection of information requested on this form is authorized by 42 CFR part 50, subpart B, relating to the sterilization of persons in federally assisted public health programs. The purpose of requesting this information is to ensure that individuals requesting sterilization receive information regarding the risks, benefits and consequences, and to assure the voluntary and informed consent of all persons undergoing sterilization procedures in federally assisted public health programs. Although not required, respondents are requested to supply information on their race and ethnicity. Failure to provide the other information requested on this consent form, and to sign this consent form, may result in an inability to receive sterilization procedures funded through federally assisted public health programs.

All information as to personal facts and circumstances obtained through this form will be held confidential, and not disclosed without the individual's consent, pursuant to any applicable confidentiality regulations. [43 FR 52165, Nov. 8, 1978, as amended at 58 FR 33343, June 17, 1993; 68 FR 12308, Mar. 14, 2003].



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TAB A: Consent for Sterilization Form