



Memorandum

Date March 21, 2014

From Acting Deputy Associate Director for Science, CDC
Office of the Associate Director for Science

Subject Authorization to Extend and Amend 308(d) Assurance of Confidentiality Protection for the "National Assisted Reproductive Technology (ART) Surveillance System (NASS)."

To Dr. Ursula Bauer, PhD, MPH
Director, the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

This memo is to provide formal approval of the NCCDPHP request to extend and amend the authorization to assure confidentiality under Section 308(d) of the Public Health Service Act for the "National Assisted Reproductive Technology (ART) Surveillance System (NASS)."

For ongoing projects, CDC practice is that every five years, the program must apply for a formal extension of the 308(d) authority. Please apply for the extension at least six months prior to March 31, 2019.

Please use 42 USC 242(k), and 42 USC 242(m) as the legal references for information collection and protection.

If you have any questions, please contact Natalie Gonzalez, Confidentiality Administrator, at (404) 639-7559.

Ron A. Otten, PhD
Acting Deputy Associate Director for Science, CDC

Cc: Dimitry Kissin, NCCDPHP/DRH/WHFB
Sara Crawford, NCCDPHP/DRH/WHFB



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>Dmitry Kissin</u>	Bldg/Rm No.: <u>Chamblee 107</u>	Mail Stop: <u>F74</u>	Phone No.: <u>(770) 488-6408</u>
Center/Institute/Office: <u>NCCDPHP</u>	Division: <u>DRH</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>3/2014</u> To: <u>3/2019</u>		
Approval of Request by Center/Institute/Office Director or Designee:			
<u>Ursula E Bauer, PhD, MPH, Director/NCCD</u> <small>Name and Organizational Title</small>	<u><i>Ursula E Bauer</i></u> <small>Signature</small>	<u>03/18/2014</u> <small>Date</small>	
2. TITLE OF PROJECT:			
<u>National Assisted Reproductive Technology Surveillance System</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>1/7/2014</u> <small>Date</small>	
Confidentiality Review Group recommends: <input checked="" type="checkbox"/> Approval <input type="checkbox"/> Disapproval <u>3/14/2014</u> <small>Date</small>	
-- ASSURANCE OF CONFIDENTIALITY IS AUTHORIZED --	
Signature: <u><i>[Signature]</i></u> CDC ASSOCIATE DIRECTOR FOR SCIENCE <u>3/28/2014</u> <small>Date</small>	