### **Attachment L NAMCS Brochure**

enables you to locate the patient's record without disclosing their name. The MRN also helps our field representatives to easily move from one record-keeping system to another. Lastly, MRN is used during our reabstraction study which evaluates the reliability of the abstraction process.

## **Under what authorization do you collect this information?**

NAMCS falls under Section 306 of the Public Health Service Act (42 U.S.C. 242k) which permits data collection for health research.

# Will patient and physician privacy and confidentiality be maintained?

The Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics is legally bound to assure confidentiality of all responses, including any information that might result in a physician's practice or patient being identified. The confidentiality of the data is protected by Section 308(d) of the Public Health Service Act (42 U.S.C. 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA, Title 5 of Public Law 107-347). Information collected in NAMCS is used only for statistical purposes. The data files that are released for research do not include any provider or patient identifying information.

In addition, NCHS complies with the Federal Cybersecurity Enhancement Act of 2015 (6 U.S.C. §§ 151 & 151 note). This law permits monitoring information systems for the purpose of protecting a network from hacking, denial of service attacks and other security vulnerabilities. The software used for monitoring may scan information that is transiting, stored on, or processed by the system. If the information triggers a cyber threat indicator, the information may be intercepted and reviewed for cyber threats.

The Cybersecurity Act specifies if any information that is scanned by the cybersecurity software programs is found to be suspicious, it may be reviewed for specific threats by computer network experts working for the government (or contractors or agents who have governmental authority to do so). The Act further specifies that such information may only be used for the purpose of protecting information and information systems from cybersecurity risks.

### Does the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule on health information allow me to participate in this survey?

Yes. The Privacy Rule permits you to make disclosures of protected health information without patient authorization for public health purposes or for research that has been approved by an Institutional Review Board (IRB). This survey meets both of these criteria. Additionally, disclosures may be made under a data use agreement with NCHS. If you have questions about your rights as a respondent, you may call the IRB at 1–800–223–8118. The IRB is an independent board that protects the interests of people who take part in studies.

### Is participation mandatory?

No, participation is completely voluntary.

### What are the benefits of participating?

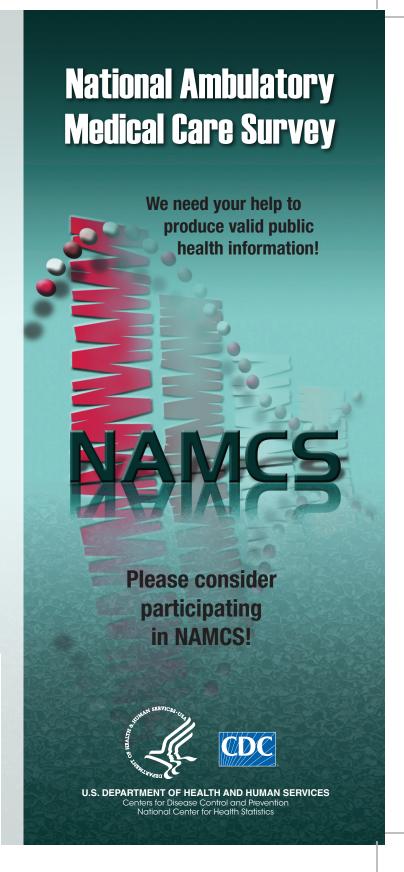
By participating in NAMCS, you will be able to contribute to the national description of office-based and CHC-based patient care. Participation will result in more reliable data, which will permit researchers, including other health care providers, to better assess the current state of ambulatory medical care utilization and provision. NAMCS fulfills an ongoing need for national statistics on ambulatory care that can be used to improve professional education curricula for health care workers, formulate health policy, inform medical practice management, and evaluate quality of care. Failure to participate lessens the accuracy of data used by physicians and other researchers.

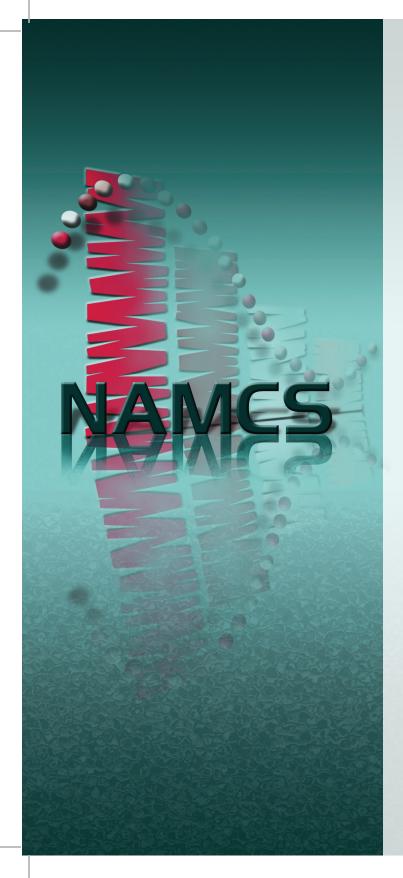
For specific questions about how NCHS protects the information you provide, contact:

### Brian Ward, Ph.D. Statistician

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# Frequently asked questions about NAMCS

### What is NAMCS?

The National Ambulatory Medical Care Survey (NAMCS) is the nation's foremost study of ambulatory care provided at physicians' offices and has been conducted since 1973. It focuses on visits made to nonfederally employed office-based physicians who are primarily engaged in direct patient care. Beginning in 2006, the survey also includes an annual sample of visits to community health centers (CHCs). NAMCS provides information on patient, provider, and visit characteristics. Participants in NAMCS are asked to provide data on approximately 30 patient visits during a randomly assigned 1-week reporting period. The encounter information includes items on patients' age, sex, and race; physician diagnosis; diagnostic and therapeutic services ordered or provided; and medications prescribed or provided.

### Who is eligible to participate

Nonfederally employed physicians (excluding those in the specialties of anesthesiology, radiology, and pathology) who are classified by the American Medical Association or the American Osteopathic Association as primarily engaged in office-based patient care are randomly chosen to participate in NAMCS. Physicians and non-physician clinicians (i.e., physician assistants, nurse practitioners, nurse midwives) working at CHCs are also eligible to participate.

### How are the data used?

NAMCS data are used to statistically describe the patients who use office-based physician services and services provided at CHCs, the conditions most often treated, and the diagnostic and therapeutic services rendered, including medications prescribed. These data are widely used by health care researchers, medical schools, policy analysts, congressional staff, the media,

and many others to improve our knowledge of medical practice patterns. The data are disseminated in the form of public health reports, journal articles, and microdata files.

# Why does the Health Insurance Portability and Accountability Act Privacy Rule apply to the data collected for NAMCS?

The Privacy Rule applies to data collected for NAMCS because we are asking you to provide certain information about patients without their authorization. For public health and research purposes, NAMCS collects information from the patient's medical record, such as visit date, birth date, and residential ZIP code. Although not directly identifiable, these data are considered protected health information as defined by the Privacy Rule. As described above, the rule allows you to disclose this information for public health and research purposes. We are legally bound to ensure the confidentiality of your responses, including anything that might result in a practice being identified. The data files released for research do not include any identifying provider or patient information. Since 2012, we have been collecting patients' medical record numbers. While this is considered directly identifiable data, provisions of the Privacy Rule still permit collection of this type of data. Medical record numbers are removed from the file before final data transmission, and you have the ability to choose which data is ultimately released. As described above, the rule allows you to disclose both types of information for public health and research purposes.

### Why are you collecting patient medical record numbers in the instrument if you eventually remove it from the data?

The medical record number (MRN) allows us to contact you regarding missing or conflicting information, and