DEPARTMENT OF HEALTH AND
HUMAN SERVICES
National Institutes of Health
Privacy Act of 1974; New System of
Records

AGENCY: National Institutes of Health, HHS.

ACTION: Notification of a new system of
records.

SUMMARY: In accordance with the
requirements of the Privacy Act, the
National Institutes of Health (NIH) is
publishing a notice of a new system of
records, 09-25-0200, “Clinical,
Epidemiologic and Biometric Studies of
the National Institutes of Health (NIH),
HHS/NIH/OD.” This notice serves as an
umbrella system for most NIH clinical,
epidemiologic and biometric research
studies. Thirty-eight existing NIH system notices were
subsumed under this notice (listed in
the system notice under System
Manager(s)), to reduce the number and
avoid future proliferation of like system
notices. We are also proposing routine
uses for this new system; with two
exceptions, these routine uses were
already contained in the preceding
system notices. The first new routine
use will allow disclosure to authorized
organizations which provide health
services to subject individuals or
provide third-party reimbursement or
fiscal intermediary functions. The
purpose of the disclosure is to plan for
or provide such services, bill or collect
third-party reimbursements. The second
new routine use will allow disclosure
for the purpose of reporting child, elder,
or spousal abuse or neglect, or any other
type of abuse or neglect as required by
State or Federal law.

DATES: NIH invites interested parties to
submit comments on the proposed
internal and routine uses on or before
May 7, 1997. NIH has sent a report of
a New System to the Congress and to the
Office of Management and Budget (OMB)

The Department on November 6, 1996. This
system of records will be effective 40
days from the date of publication unless
NIH receives comments on the routine
uses which would result in a contrary
determination.

ADDRESS: Please submit comments to:
NIH Privacy Act Officer, Building 31,
Room 1B05, 31 Center Drive MSC 2075,
Bethesda, MD 20892-2075, 301-496-
2832.

Comments received will be available for
inspection at this same address from
9 a.m. to 3 p.m., Monday through
Friday.

FOR FURTHER INFORMATION CONTACT: NIH
Privacy Act Officer, Building 31, Room
1805, 31 Center Drive MSC 2075,
Bethesda, MD 20892-2075, 301-496-
2832.

The numbers listed above are not toll
free.

SUPPLEMENTARY INFORMATION: The
National Institutes of Health (NIH)
proposes to establish a new system of
records: 09-25-0200, “Clinical,
Epidemiologic and Biometric Studies of
the National Institutes of Health (NIH),
HHS/NIH/OD.” This umbrella system
records will be used by NIH staff to
document, track, monitor and evaluate
NIH clinical, epidemiologic and
biometric research activities. This
inclusive system notice will achieve
agency administrative efficiencies
avoiding confusion created by the
current fragmented pool of Institute,
Center and Division (ICD) system
notices. Because of its unique
 organizational structure, NIH has, over
the recent decades, experienced a
proliferation of almost identical system
notices that differ only by disease/
disorder under study or ICD interest.
This system notice subsumes thirty-
eight existing system notices and will
offer coverage for research not currently
covered by an appropriate system
notice. The consolidation of similar
research systems of records into one
generic-type notice will also serve the
public interest. It will alleviate burden
on the public associated with multiple
attempts at notification, access and
correction of record information when
individuals are not sure which research
system notice applied to their study
participation.

The system will comprise records about
individuals as relevant to a
particular research study. Examples
include, but are not limited to: Name,
study identification number, address,
relevant telephone numbers, Social
Security Number (voluntary), driver's
license number, date of birth, weight,
height, sex, race; medical, psychological
and dental information, laboratory and
diagnostic testing results; registries;
social, economic and demographic data;
health services utilization; insurance
and hospital cost data, employers,
conditions of the work environment,
exposure to hazardous substances/
compounds; information pertaining to
stored biologic specimens (including
blood, urine, tissue and genetic
materials); characteristics and activities
of health care providers and educators
and trainers (including curriculum
vital); administrative correspondence.
The amount of information recorded on
each individual will be only that which
is necessary to accomplish the purpose
of the system.

The records in this system will be
maintained in a secure manner
compatible with their content and use.
NIH and contractor staff will be required
to adhere to the provisions of the
Privacy Act and the HHS Privacy Act
Regulations. The System Manager will
control access to the data. Only
authorized users whose official duties
require the use of such information will
have regular access to the records in
this system. Authorized users are NIH
employees, and contractors responsible
for implementing the research.

Records may be stored on index cards,
file folders, computer tapes and disks
(including optical disks), photography
media, microfiche, microfilm, and audio
and video tapes. Manual and
computerized records will be
maintained in accordance with the
standards of Chapter 45–13 of the HHS
General Administration Manual,
“Safeguarding Records Contained in
Systems of Records,” Supplementary
Chapter PHS hf:45–13, the Department’s
Automated Information System Security
Program Handbook, and the National
Institute of Standards and Technology
Federal Information Processing
Standards (FIPS Pub. 41 and FIPS Pub.
31).

Data on computer files is accessed by
key word known only to authorized
users. Access to information is thus
limited to those with a need to know.
Rooms where records are stored are
locked when not in use. During regular
business hours rooms are unlocked but
are controlled by on-site personnel.
Researchers authorized to conduct
research on biological specimens will
typically access the system through
the use of encrypted identifiers
sufficient to link individuals with
records in such a manner that does not
compromise confidentiality of the
individual. All authorized users of
personal information in connection with
the performance of their jobs protect
information from public view and from
unauthorized personnel entering an
unsupervised office. Depending upon
the sensitivity of the information in the
record, additional safeguard measures
are employed.

The routine uses proposed for this
system are compatible with the stated
purposes of the system. The first routine
use permits disclosure of a record for
an authorized research purpose under
specified conditions. The second
routine use permitting disclosure to a
congressional office is proposed
to allow subject individuals to obtain
assistance from their representatives in
Congress, should they so desire. Such
The following notice is written in the present, rather than future tense, in order to avoid the unnecessary expenditure of public funds to republish the notice after the system has become effective.

Dated: October 30, 1996.

Anthony L. Iteiifag,
Deputy Director for Management, National Institutes of Health.

09–25–0200

SYSTEM NAME:
Clinical, Epidemiologic and Biometric Studies of the National Institutes of Health (NIH), HHS/NIH/OD.

SECURITY CLASSIFICATION:
None.

SYSTEM LOCATION:
Records are located at NIH and Contractor research facilities which collect or provide research data for this system. Contractors may include, but are not limited to: Research centers, clinics, hospitals, universities, medical schools, research institutions/foundations, national associations, commercial organizations, collaborating State and Federal Government agencies, and coordinating centers. A current list of sites, including the address of any Federal Records Center where records from this system may be stored, is available by writing to the appropriate Coordinator listed under Notification Procedure.

CATEGORIES OF INDIVIDUALS COVERED BY THE SYSTEM:
Adults and/or children who are the subjects of clinical, epidemiologic, and biometric research studies of the NIH. Individuals with disease. Individuals who are representative of the general population or of special groups, including, but not limited to: Normal controls, normal volunteers, family members and relatives; providers of services (e.g., health care and social work); health care professionals and educators, and demographic sub-groups as applicable, such as age, sex, ethnicity, race, occupation, geographic location; and groups exposed to real and/or hypothesized risks (e.g., exposure to hazardous microbial agents).

CATEGORIES OF RECORDS IN THE SYSTEM:
The system contains data about individuals as relevant to a particular research study. Examples include, but are not limited to: Name, study identification number, address, relevant telephone numbers, Social Security Number (voluntary), driver’s license number, date of birth, weight, height, sex, race, medical, psychological and dental information, laboratory and diagnostic testing results; registries; social, economic and demographic data; health services utilization; insurance and hospital cost data, employers, conditions of the work environment, exposure to hazardous substances/compounds; information pertaining to stored biologic specimens (including blood, urine, tissue, and genetic materials), characteristics and activities of health care providers and educators and trainers (including curriculum vitae); and associated correspondence.

AUTHORITY FOR MAINTENANCE OF THE SYSTEM:

PURPOSE(S)
The purpose is to document, track, monitor and evaluate NIH clinical, epidemiologic and biometric research activities.

ROUTINE USES OF RECORDS MAINTAINED IN THE SYSTEM, INCLUDING CATEGORIES OF USERS AND THE PURPOSES OF SUCH USES:

1. A record may be disclosed for a research purpose, when the Department: (A) has determined that the use or disclosure does not violate legal or policy limitations under which the record was provided, collected, or obtained; e.g., disclosure of alcohol or drug abuse patient records will be made only in accordance with the restrictions of confidentiality statutes and regulations 42 U.S.C. 241, 42 U.S.C. 290dd–2, 42 CFR part 2, and where applicable, no disclosures will be made inconsistent with an authorization of confidentiality under 42 U.S.C. 241 and 42 CFR part 2a; (B) has determined that the research purpose (1) cannot be reasonably accomplished unless the
record is provided in individually identifiable form, and (2) warrants the risk to the privacy of the individual that additional exposure of the record might bring; (C) has required the recipient to (1) establish reasonable administrative, technical, and physical safeguards to prevent unauthorized use or disclosure of the record, (2) remove or destroy the information that identifies the individual at the earliest time at which removal or destruction can be accomplished consistent with the purpose of the research project, unless the recipient has presented adequate justification of a research or health nature for retaining such information, and (3) make no further use or disclosure of the record except (a) in emergency circumstances affecting the health or safety of any individual, (b) for use in another research project under these same conditions, and with written authorization of the Department, (c) for disclosure to a property identified person for the purpose of an audit related to the research project, if information that would enable research subjects to be identified is removed or destroyed at the earliest opportunity consistent with the purpose of the audit, or (d) when required by law; and (D) has secured a written statement attesting to the recipient’s understanding of, and willingness to abide by, these provisions.

2. Disclosure may be made to a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made in the written request of the constituent about whom the record is maintained.

3. The Department of Health and Human Services (HHS) may disclose information from this system of records to the Department of Justice when: (a) The agency or any component thereof; or (b) any employee of the agency in his or her official capacity where the Department of Justice has agreed to represent the employee; or (c) the United States Government is a party to litigation or has an interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

4. Disclosure may be made to agency contractors, grantees, experts, consultants, collaborating researchers, or volunteers who have been engaged by the agency to assist in the performance of a service related to this system of records and who need to have access to the records in order to perform the activity. Recipients shall be required to comply with the requirements of the Privacy Act of 1974, as amended, pursuant to 5 U.S.C. 552a(m).

5. Information from this system may be disclosed to Federal agencies, State agencies (including the Motor Vehicle Administration and State vital statistics offices, private agencies, and other third parties (such as current or prior employers, acquaintances, relatives), when necessary to obtain information on morbidity and mortality experiences and to locate individuals for follow-up studies. Social Security numbers, date of birth and other identifiers may be disclosed: (1) To the National Center for Health Statistics to ascertain vital status through the National Death Index; (2) to the Health Care Financing Agency to ascertain morbidities; and (3) to the Social Security Administration to ascertain disabilities and/or location of participants. Social Security numbers may also be given to other Federal agencies, and State and local agencies when necessary to locating individuals for participation in follow-up studies.

6. Medical information may be disclosed in identifiable form to tumor registries for maintenance of health statistics, e.g., for use in epidemiologic studies.

7. (a) PHS may inform the sexual and/or needle-sharing partner(s) of a subject individual who is infected with the human immunodeficiency virus (HIV) of their exposure to HIV, under the following circumstances: (1) The information has been obtained in the course of clinical activities at PHS facilities carried out by PHS personnel or contractors; (2) The PHS employee or contractor has made reasonable efforts to counsel and encourage the subject individual to provide the information to the individual’s sexual or needle-sharing partner(s); (3) The PHS employee or contractor determines that the subject individual is unlikely to provide the information to the sexual or needle-sharing partner(s) or that the provision of such information cannot reasonably be verified; and (4) The notification of the partner(s) is made, whenever possible, by the subject individual’s physician or by a professional counselor and shall follow standard counseling practices.

(b) PHS may disclose information to State or local public health departments, to assist in the notification of the subject individual’s sexual and/or needle-sharing partner(s), or in the verification that the subject individual has notified such sexual or needle-sharing partner(s), to the Department of Justice when: (a) The information has been obtained in the course of clinical activities at PHS facilities carried out by PHS personnel or contractors; (b) The PHS employee or contractor has made reasonable efforts to counsel and encourage the subject individual to provide the information to the subject individual’s sexual or needle-sharing partner(s); or (c) The PHS employee or contractor determines that the subject individual is unlikely to provide the information to the sexual or needle-sharing partner(s) or that the provision of such information cannot reasonably be verified; and (4) The notification of the partner(s) is made, whenever possible, by the subject individual’s physician or by a professional counselor and shall follow standard counseling practices.
Researchers authorized to conduct research on biologic specimens will typically access the system through the use of encrypted identifiers sufficient to link individuals with records in such a manner that does not compromise confidentiality of the individual.

2. Physical Safeguards: Records are either stored in locked rooms during off-duty hours, locked file cabinets, and/or secured computer facilities. For certain studies, personal identifiers and link files are separated and stored in locked files. Computer data access is limited through the use of key words known only to authorized personnel.

3. Procedural Safeguards: Collection and maintenance of data is consistent with legislation and regulations in the protection of human subjects, informed consent, confidentiality, and confidentiality specific to drug and alcohol abuse patients where these apply. When anonymous data is provided to research scientists for analysis, study numbers which can be matched to personal identifiers will be eliminated, or replaced by the agency or contractor with random numbers which cannot be matched. Contractors who maintain records in this system are instructed to make no further disclosure of the records. Privacy Act requirements are specifically included in contracts for survey and research activities related to this system. The OHS project directors, contract officers, and project officers oversee compliance with these requirements. Personnel having access are trained in Privacy Act requirements. Depending upon the sensitivity of the information in the record, additional safeguard measures may be employed.


RETENTION AND DISPOSAL:

Records are retained and disposed of under the authority of the NIH Records Control Schedule contained in NIH Manual Chapter 1743, Appendix 1—“Keeping and Destroying Records” (HHS Records Management Manual, Appendix B–361), item 3000–G–3, which allows records to be kept as long as they are useful in scientific research. Collaborative Perinatal Project records are retained in accordance with item 3000–G–4, which does not allow records to be destroyed. William A. White Clinical Research Program medical records (Saint Elizabeths Hospital, NIMH) are retained for 5 years after last discharge or upon death of a patient and then transferred to the Washington National Records Center, where they are retained until 30 years after discharge or death. Refer to the NIH Manual Chapter for specific conditions on disposal or retention instructions.

SYSTEM MANAGER(S) AND ADDRESS:

See Appendix I for a listing of current system managers. This system is for use by all NIH Institutes, Centers, and Divisions. The following system notices have been subsumed under this umbrella a system notice.

09–25–0001 Clinical Research: Patient Records, HHS/NIH/NHLBI
09–25–0010 Research Resources: Registry of Individuals Potentially Exposed to Microbial Agents, HHS/NIC/NIA
09–25–0015 Clinical Research: Collaborative Clinical Epilepsy Research, HHS/NIH/NINDS
09–25–0016 Clinical Research: Collaborative Perinatal Project, HHS/NIH/NINDS
09–25–0026 Clinical Research: Nervous System Studies, HHS/NIH/NINDS
09–25–0027 Clinical Research: Patient Medical Histories, HHS/NIH/NINDS and HHS/NIH/NIDCD
09–25–0031 Clinical Research: Serological and Virus Data in Studies Related to the Central Nervous System, HHS/NIH/NINDS
09–25–0038 Clinical Research: Patient Data, HHS/NIH/NIDDK
09–25–0039 Clinical Research: Diabetes Mellitus Research Study of Southwestern American Indians, HHS/NIH/NIDDK
09–25–0040 Clinical Research: Southwestern American Indian Patient Data, HHS/NIH/NIDDK
09–25–0047 Clinical Research: Sensory Testing Research Program, HHS/NIH/NIDR
09–25–0046 Clinical Research: Catalog of Clinical Specimens from Patients, Volunteers and Laboratory Personnel, HHS/NIH/NCI
09–25–0053 Clinical Research: Vision Studies, HHS/NIH/NEI
09–25–0057 Clinical Research: Burkitt’s Lymphoma Registry, HHS/NIH/NCI
09–25–0060 Clinical Research: Division of Cancer Treatment Clinical Investigations, HHS/NIH/NCI
09–25–0069 NIH Clinical Center Admissions of the National Cancer Institute, HHS/NIH/NCI
09–25–0074 Clinical Research: Division of Cancer Biology and Diagnosis Patient Trials, HHS/NIH/NCI
09–25–0077 Biological Carcinogenesis Branch Human Specimen Program, HHS/NIH/NCI
09–25–0126 Clinical Research: National Heart, Lung, and Blood Institute Epidemiological and Biometric Studies, HHS/NIH/NHLBI
09–25–0128 Clinical Research: Neural Prosthesis and Biomedical Engineering Studies, HHS/NIH/NINDS
09–25–0130 Clinical Research: Studies in the Division of Cancer Cause and Prevention, HHS/NIH/NCI
09–25–0134 Clinical Research: Epidemiology Studies, National Institute of Environmental Health Sciences, HHS/NIEHS
09–25–0142 Clinical Research: Records of Subjects in Intramural Research, Epidemiology, Demography and Biometry Studies on Aging, HHS/NIH/NIA
09–25–0143 Biomedical Research: Records of Subjects in Clinical, Epidemiologic and Biometric Studies of the National Institute of Allergy and Infectious Diseases, HHS/NIH/NIAID
09–25–0145 Clinical Trials and Epidemiological Studies Dealing with Visual Disease and Disorders in the National Eye Institute, HHS/NIH/NEI
09–25–0147 Contracted and Contract-Related Research: Records of Subjects in Clinical, Epidemiological and Biometric Studies of the National Institute of Neurological Disorders and Stroke and the National Institute on Deafness and Other Communication Disorders, HHS/NIH/NINDS and HHS/NIH/NIDCD
09–25–0152 Biomedical Research: Records of Subjects in National Institute of Dental Research Contrascted Epidemiological and Biometric Studies, HHS/NIDR
09–25–0153 Biomedical Research: Subjects in Biomedical and Behavioral Studies of Child Health and Human Development, HHS/NIH/NICHD
09–25–0154 Biomedical Research: Records of Subjects: 1) Cancer Studies of the Division of Cancer Prevention and Control, HHS/NIH/NCI; and 2) Women’s Health Initiative (WHI) Studies, HHS/NCI
09–25–0170 Diabetes Control and Complications Trial (IDCT) Data System, HHS/NIH/NIDDK
09–25–0172 Clinical Research: National Center for Human Genome Research, HHS/NIH/NCGR
09–25–0201 Clinical Research: National Institute of Mental Health Patient Records, HHS/NIH/NIMH
09–25–0205 Alcohol, Drug Abuse, and Mental Health Epidemiologic and Biometric Research Data, HHS/NIH/NIAAA, HHS/NIH/NIDA and HHS/NIH/NIMH
09–25–0212 Clinical Research: Neuroscience Research Center Patient Medical Records, HHS/NIH/NIMH
NOTIFICATION PROCEDURE:

To determine if a record exists, write to the appropriate ICD Privacy Act Coordinator listed below. In cases where the requester knows specifically which System Manager to contact, he or she may contact the System Manager directly (See Appendix I). Notification requests should include: Individual’s name; current address; date of birth; date, place and nature of participation in specific research study; name of individual or organization administering the research study (if known); name or description of the research study (if known); address at the time of participation; and in specific cases, a notarized statement (some highly sensitive systems require two witnesses attesting to the individual’s identity). A requester must verify his or her identity by providing either a notarization of the request or by submitting a written certification that the requester is who he or she claims to be and understands that the knowing and willful request for acquisition of a record pertaining to an individual under false pretenses is a criminal offense under the Act, subject to a five thousand dollar fine.

Individuals will be granted direct access to their medical records unless the System Manager determines that such access is likely to have an adverse effect (i.e., could cause harm) on the individual. In such cases when the System Manager has determined that the nature of the record information requires medical interpretation, the subject of the record shall be requested to designate, in writing, a responsible representative who will be willing to review the record and inform the subject individual of its contents at the representative’s discretion. The representative may be a physician, other health professional, or other responsible individual. In this case, the medical/dental record will be sent to the designated representative. Individuals will be informed in writing if the record is sent to the representative. This same procedure will apply in cases where a parent or guardian requests notification of, or access to, a child’s or incompetent person’s medical record. The parent or guardian must also verify (provide adequate documentation) their relationship to the child or incompetent person as well as his or her own identity to prove their relationship.

If the requester does not know which Institute, Center or Division Privacy Act Coordinator to contact for notification purposes, he or she may contact directly the NIH Privacy Act Officer at the following address: NIH Privacy Act Officer, Office of Management Assessment, Building 31, Room 1805, 31 Center Drive MSC 2075, Bethesda, MD 20892–2075.

NIH Privacy Act Coordinators

Office of the Director, (OD), NIH
Associate Director for Disease Prevention, OD, NIH
Building 1, Room 260
1 Center Drive
Bethesda, MD 20892

National Cancer Institute (NCI)
Privacy Act Coordinator, NCI, NIH
Building 31, Room 10A–34
31 Center Drive
Bethesda, MD 20892

National Eye Institute (NEI)
Privacy Act Coordinator, NEI, NIH
Building 31, Room 6A–19
31 Center Drive
Bethesda, MD 20892

National Heart, Lung and Blood Institute (NHLBI)
Privacy Act Coordinator, NHLBI, NIH
Building 31, Room 5A08
31 Center Drive
Bethesda, MD 20892

National Institute on Aging (NIA)
Privacy Act Coordinator, NIA, NIH
Building 31, Room 2C12
31 Center Drive
Bethesda, MD 20892

National Institute on Alcohol Abuse and Alcoholism (NIAAA)
Privacy Act Coordinator, NIAAA, NIH
Wilco Building, Suite 6000 Executive Blvd., MSC 7003
Bethesda, MD 20892–7003

National Institute of Allergy and Infectious Diseases (NIAID)
Privacy Act Coordinator, NIAID, NIH
Solar Building, Room 3C–23
600 Executive Blvd., MSC 7001
Bethesda, MD 20892

National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)
Privacy Act Coordinator, NIAMS, NIH
Natcher Building, Room 5QS49
45 Center Drive
Bethesda, MD 20892

National Institute of Child Health and Human Development (NICHD)
Privacy Act Coordinator, NICHD, NIH
6100 Executive Blvd., Room 5D01
North Bethesda, MD 20892

National Institute of Deafness and Other Communication Disorders (NIDCD)
Privacy Act Coordinator, NIDCD, NIH
Building 31, Room 3C02
9000 Rockville Pike
Bethesda, MD 20892

National Institute of Dental Research (NIDR)
Privacy Act Coordinator, NIDR, NIH
Building 31, Room 2C–35
31 Center Drive, MSC 2290
Bethesda, MD 20892–2290

National Institute of Diabetes and Digestive and Kidney Disease (NIDDK)
Privacy Act Coordinator, NIDDK, NIH
Building 31, Room 9A47
31 Center Drive
Bethesda, MD 20892

National Institute of Drug Abuse (NIDA)
Privacy Act Coordinator, NIDA, NIH
Parklawn Building, Room 10A–42
5600 Fishers Lane
Rockville, Maryland 20857

National Institute of Environmental Health Sciences (NIEHS)
Chief, Epidemiology Branch, NIEHS, NIH
P.O. Box 12223
Research Triangle Park
North Carolina 27709

National Institute of Mental Health (NIMH)
Privacy Act Coordinator, NIMH, NIH
Parklawn Building, Room 7C–22
5600 Fishers Lane
Rockville, Maryland 20857

National Institute of Neurological Disorders and Stroke (NINDS)
Privacy Act Coordinator, NINDS, NIH
Federal Building, Room 816
7550 Wisconsin Avenue
Bethesda, MD 20892

National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)
Privacy Act Coordinator, NIAMS, NIH
Natcher Building, Room 5QS49
45 Center Drive
Bethesda, MD 20892

National Institute of Child Health and Human Development (NICHD)
Privacy Act Coordinator, NICHD, NIH
6100 Executive Blvd., Room 5D01
North Bethesda, MD 20892

National Institute of Deafness and Other Communication Disorders (NIDCD)
Privacy Act Coordinator, NIDCD, NIH
Building 31, Room 3C02
9000 Rockville Pike
Bethesda, MD 20892

National Institute of Dental Research (NIDR)
Privacy Act Coordinator, NIDR, NIH
Building 31, Room 2C–35
31 Center Drive, MSC 2290
Bethesda, MD 20892–2290

National Institute of Diabetes and Digestive and Kidney Disease (NIDDK)
Privacy Act Coordinator, NIDDK, NIH
Building 31, Room 9A47
31 Center Drive
Bethesda, MD 20892

National Institute of Drug Abuse (NIDA)
Privacy Act Coordinator, NIDA, NIH
Parklawn Building, Room 10A–42
5600 Fishers Lane
Rockville, Maryland 20857

National Institute of Environmental Health Sciences (NIEHS)
Chief, Epidemiology Branch, NIEHS, NIH
P.O. Box 12223
Research Triangle Park
North Carolina 27709

National Institute of Mental Health (NIMH)
Privacy Act Coordinator, NIMH, NIH
Parklawn Building, Room 7C–22
5600 Fishers Lane
Rockville, Maryland 20857

National Institute of Neurological Disorders and Stroke (NINDS)
Privacy Act Coordinator, NINDS, NIH
Federal Building, Room 816
7550 Wisconsin Avenue
Bethesda, MD 20892

Next: System Managers and Addresses

OFFICE OF THE ACT:

None.

Appendix I: System Managers and Addresses

Office of the Director, NIH

OUTLINE OF EXEMPTIONS:

The system contains information obtained directly from a subject individual by interview (face-to-face or telephone), written questionnaire, or by other tests, recording devices or observations, consistent with legislation and regulation regarding informed consent and protection of human subjects. Information is also obtained from other sources, including but not limited to: Referring medical physicians, mental health/alcohol/drug abuse or other health care providers; hospitals; organizations providing biological specimens; relatives; guardians; schools; and clinical medical research records.
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Fiscal Year (FY) 1997 Funding Opportunities for Knowledge Development and Application Cooperative Agreements

AGENCY: Substance Abuse and Mental Health Services Administration (SAMHSA), HHS.

ACTION: Clarification of Notice of Funding Availability (NOFA).

This notice is to clarify questions/issues that have been raised subsequent to the publication of the NOFA for SAMHSA’s “Cooperative Agreements for Integrating Mental Health and Substance Abuse Prevention and Treatment Services with Primary Health Care Service Settings or with Early Childhood Service Settings, for Children ages Birth to 7 and their Families/Caregivers” (Short Title: Starting Early Starting Smart—SESS). The NOFA was published in the Federal Register (Vol. 62, No. 31), Friday February 14, 1997, on pages 6974–6977. The receipt date for applications is April 17, 1997.

Award Amounts: On page 6976 under the Cooperative Agreements/Amounts section, the notice states that approximately $5.9 million will be available to support approximately 10 SESS site awards and $500,000 to support one data coordinating center award. To clarify, it is anticipated that funds available to support the data coordinating center may increase commensurate with the increased center tasks and responsibilities in years 2–4. In addition, proposed budgets must be for total costs (direct + indirect).

Evaluation Costs: The percentage of the total proposed budget for evaluation costs is determined by the proposed study design and the costs associated with the steering committee and the data coordinating center. The budget must be consonant with the cost of doing the evaluation required by the study design. The proposed study design, evaluation associated costs, and overall budget will be evaluated by a peer review group as part of their overall assessment of the application.

Eligible Applicants: On page 6976 under the Eligible Applicants section, the notice states that applications “* * * may be submitted by units of State or local governments and by domestic private nonprofit and for-profit organizations * * *” and that each SESS site proposal must include documentation regarding the existence of an infrastructure and two years of experience providing behavioral health and other relevant services to the target population. SAMHSA has determined that “home-based” early childhood service settings are eligible applicants if they meet other eligibility requirements as specified in the announcement.

FOR FURTHER INFORMATION CONTACT: Rose C. Kittrell, MSW, SAMHSA, Rockwall II, Room 1075, 5600 Fishers Lane, Rockville, MD 20857; (301) 443-0354 or 443-0365.

Dated: April 1, 1997.

Richard Kopanda,
Executive Officer, SAMHSA.

BILLING CODE 4162-20-P

DEPARTMENT OF THE INTERIOR

Central Utah Project Completion Act; Notice of Availability of the Record of Decision on the Wasatch County Water Efficiency Project and Daniel Replacement Project Final Environmental Impact Statement Documenting the Department of the Interior’s Approval for the Central Utah Water Conservancy District To Proceed With the Construction of the Proposed Action Alternative

AGENCY: Office of the Assistant Secretary—Water and Science, Department of the Interior.

ACTION: Notice of availability of the Wasatch County Water Efficiency Project and Daniel Replacement Project Record of Decision.

SUMMARY: On March 21, 1997, Patricia J. Beneke, Assistant Secretary—Water and Science, Department of the Interior, signed the Record of Decision (ROD) which documents the selection of the Proposed Action Alternative as presented in the Wasatch County Water Efficiency Project and Daniel Replacement Project (WCWEP and DRP) Final Environmental Impact Statement (FEIS), INT FES 96–58, filed November 22, 1996, and as described in the WCWEP Feasibility Study dated January 1997. The ROD also approves the Central Utah Water Conservancy District (CUWCD) proceeding with construction of WCWEP and DRP, in accordance with statutory and contractual obligations. Construction of WCWEP will provide a replacement water supply out of water conserved in Wasatch County, for the water presently being diverted from the Strawberry River basin. The replacement supply will be delivered by means of the DRP.

The FEIS for WCWEP and DRP, considered three alternatives to restore flows in the upper Strawberry River and to provide water and water conveyance facilities from Jordanelle Reservoir to the existing Daniel Irrigation Company (DIC) water storage facilities as mandated in section 303 of the Central Utah Project Completion Act (CUPCA) and a No Action Alternative. The Department of the Interior (Interior), the Utah Reclamation Mitigation and Conservation Commission (Mitigation Commission), and the CUWCD served as the Joint Lead Agencies in the preparation of the NEPA compliance documents.

In addition to satisfying the requirements and authorizations of CUPCA, the construction of the WCWEP and DRP will satisfy Interior’s environmental commitment made in the