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*Office of the Secretary, Paperwork Reduction
 Act Reports Clearance Officer.*
 [FR Doc. E9-18014 Filed 7-28-09; 8:45 am]
BILLING CODE 4153-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS-0990-0294; 30-
day notice]

Agency Information Collection Request. 30-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any

of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to Sherette.funncoleman@hhs.gov, or call the Reports Clearance Office on (202) 690-5683. Send written comments and recommendations for the proposed information collections within 30 days of this notice directly to the OS OMB Desk Officer; faxed to OMB at 202-395-5806.

Proposed Project: Standards for Privacy of Individually Identifiable Health Information and Supporting Regulations at 45 CFR Parts 160 and 164 (Extension)—OMB No. 0990-0294
 Office of Civil Rights

Abstract: The Privacy Rule implements the privacy requirements of the Administrative Simplification subtitle of the Health Insurance Portability and Accountability Act of 1996. The final regulation requires covered entities (as defined in the regulation) to maintain strong protections for the privacy of individually identifiable health information; to use or disclose this information only as required or permitted by the Rule or with the express written authorization of the individual; to provide a notice of the entity's privacy practices; and to document compliance with the Rule. Respondents are health care providers with health plans, and health care clearinghouses. The affected public includes individuals, public and private businesses, state and local governments.

ESTIMATED ANNUALIZED BURDEN TABLE

Section	Type of respondent	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
160.204	Process for Requesting Exception Determinations (states or persons).	40	1	16	640
164.504	Uses and Disclosures—Organizational Requirements	764,799	1	5/60	63,733
164.508	Uses and Disclosures for Which Individual authorization is required.	764,799	1	1	764,799
164.512	Uses and Disclosures for which Consent, Individual Authorization, or Opportunity to Agree or Object is Not Required (for other specified purposes by an IRB or privacy board).	113,524	1	5/60	9,460
164.520	Notice of Privacy Practices for Protected Health Information (health plans).	10,570	1	3/60	529
164.520	Notice of Privacy Practices for Protected Health Information (health care providers—dissemination).	613,000,000	1	3/60	30,650,000
164.520	Notice of Privacy Practices for Protected Health Information (health care providers—acknowledgement).	613,000,000	1	3/60	30,650,000
164.522	Rights to Request Privacy Protection for Protected Health Information.	150,000	1	3/60	7,500
164.524	Access of Individuals to Protected Health Information (disclosures).	150,000	1	3/60	7,500
164.526	Amendment of Protected Health Information (requests)	150,000	1	3/60	7,500
164.526	Amendment of Protected Health Information (denials)	50,000	1	3/60	2,500
164.528	Accounting for Disclosures of Protected Health Information	1,080,000	1	5/60	90,000
Total					62,254,161

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 [FR Doc. E9-18016 Filed 7-28-09; 8:45 am]
BILLING CODE 4153-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: State Plan for Foster Care and
Adoption Assistance—Title IV–E.

OMB No.: 0980-0141.

Description: A title IV–E plan is
required by section 471 part IV–E of the
Social Security Act (the Act) for each
public child welfare agency requesting
Federal funding for foster care, adoption
assistance and guardianship assistance

under the Act. The title IV–E plan
provides assurances the programs will
be administered in conformity with the
specific requirements stipulated in title
IV–E. The plan must include all
applicable State statutory, regulatory, or
policy references and citations for each
requirement as well as supporting
documentation. A title IV–E agency may
use the pre-print format prepared by the
Children's Bureau of the Administration
for Children and Families or a different
format, on the condition that the format
used includes all of the title IV–E State
plan requirements of the law.

Public Law 110-351, the Fostering
Connections to Success and Increasing
Adoptions Act of 2008, created a new
title IV–E plan option to provide a
Guardianship Assistance Program for
relatives of children in foster care
(section 471(a)(28) of the Act). The
Guardianship Assistance program was
made effective for States upon

enactment of Public Law 110-351
(October 7, 2008).

Effective October 1, 2009, Public Law
110-351 will allow Tribes, Tribal
organizations and Tribal consortia to
directly operate title IV–E programs for
foster care maintenance payments,
adoption assistance and kinship
guardianship assistance.

The law also made a number of other
changes to title IV–E plan requirements
and eligibility criteria. The law's
provisions expanding the scope of the
title IV–E program necessitates a
revision of the preprint.

Respondents: State and Territorial
Agencies (State Agencies) administering
or supervising the administration of the
title IV–E programs and Federally-
recognized Tribes, Tribal organizations
and Tribal consortia administering title
IV–E programs.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Title IV–E Plan	33	1	16	528

Estimated Total Annual Burden
Hours: 528.

Additional Information

Copies of the proposed collection may
be obtained by writing to the
Administration for Children and
Families, Office of Administration,
Office of Information Services, 370
L'Enfant Promenade, SW., Washington,
DC 20447, Attn: ACF Reports Clearance
Officer. All requests should be
identified by the title of the information
collection. E-mail address:
infocollection@acf.hhs.gov.

OMB Comment

OMB is required to make a decision
concerning the collection of information
between 30 and 60 days after
publication of this document in the
Federal Register. Therefore, a comment
is best assured of having its full effect
if OMB receives it within 30 days of
publication. Written comments and
recommendations for the proposed
information collection should be sent
directly to the following: Office of
Management and Budget, Paperwork
Reduction Project, Fax: 202-395-7245,
Attn: Desk Officer for the
Administration for Children and
Families.

Dated: July 23, 2009.
Janean Chambers,
Reports Clearance Officer.
 [FR Doc. E9-17934 Filed 7-28-09; 8:45 am]
BILLING CODE 4184-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; Parental Knowledge, Attitudes, and Behaviors Related to Pediatric Cardiovascular Health

SUMMARY: In compliance with the
requirement of section 3506(c)(2)(A) of
the Paperwork Reduction Act of 1995,
for opportunity for public comment on
proposed data collection projects, the
National Heart, Lung, and Blood
Institute (NHLBI), the National
Institutes of Health (NIH) will publish
periodic summaries of proposed
projects to be submitted to the Office of
Management and Budget (OMB) for
review and approval.

Proposed Collection: Describe the
proposed information collection activity
as follows. Include: *Title:* Parental
Knowledge, Attitudes, and Behaviors
Related to Pediatric Cardiovascular
Health; *Type of Information Collection*
Request: New; *Need and Use of*

Information Collection: Coinciding with
the release of the Integrated Pediatric
Cardiovascular Risk Reduction
Guidelines, the National Heart, Lung,
and Blood Institute (NHLBI) will
conduct a national public awareness
campaign to help parents understand
that risk for cardiovascular disease
(CVD) begins in childhood, and to
engage them in encouraging healthy
habits in their children to promote heart
health and reduce their children's CVD
risk now and as they grow. Currently,
little is known about parental
knowledge, attitudes, and behaviors
related to heart health in children.
Serving as a baseline for evaluation of
NHLBI's outreach activities related to
the campaign, this study seeks to learn
the following: (a) Parents' awareness of
cardiovascular disease risk factors in
children and knowledge of what to do
for risk reduction, (b) parents' level of
efficacy toward taking action to promote
cardiovascular health and reduce risk
factors, and (c) parents' behaviors
related to cardiovascular health. The
findings will provide valuable
information that will enable NHLBI to
identify the gaps in knowledge and
awareness and target specific
information in communications with
parents. NHLBI will also be able to
determine parents' efficacy related to
the actions needed to promote their