

are generally one-time costs and have already been incurred. Staff's best

estimate of the average burden for these entities is as follows:

Event	Number of hours/costs per event and labor category* (per respondent)	Approx. Number of respondents	Approx. annual hours (millions)	Approx. total costs (millions)
Reviewing GLBA-implementing policies and practices.	Managerial/professional time: 4 hrs/\$200	70,000	.28	\$14.0
Disseminating annual disclosure	Clerical: 15 hrs/\$150; skilled labor: 5 hrs/\$100.	70,000	1.40	17.5
Changes to privacy policies and related disclosures.	Clerical: 15 hrs/\$150; skilled: 5 hrs/\$100	1,000	.02	.25
Total	1.70	31.75

* Staff calculated labor costs by applying appropriate hourly cost figures to burden hours. The hourly rates used were \$50 for managerial/professional time (e.g., compliance evaluation and/or planning), \$20 for skilled technical time (e.g., designing and producing notices, reviewing and updating information systems), and \$10 for clerical time (e.g., reproduction tasks, filing, and, where applicable to the given event, typing or mailing). Consumers have a continuing right to opt-out, as well as a right to revoke their opt-out at any time. When a respondent changes its information sharing practices, consumers are again given the opportunity to opt-out. Again, staff assumes that the time required of consumers to respond affirmatively to respondents' opt-out programs (be it manually or electronically) would be minimal.

** The estimate of respondents is based on the following assumptions: (1) 100,000 respondents, approximately 70% of whom maintain customer relationships exceeding one year, (2) no more than 1% (1,000) of whom make additional changes to privacy policies at any time other than the occasion of the annual notice; and (3) such changes will occur no more often than once per year.

As calculated above, the average PRA burden for all affected entities in a given year would be 1,000,000 hours and \$19,875,000.

Estimated Capital/Other Non-Labor Costs Burden: Staff estimates that the capital or other non-labor costs associated with the document requests are minimal. Covered entities will already be equipped to provide written notices (e.g., computers with word processing programs, typewriters, copying machines, mailing capabilities.) Most likely, only entities that already have on-line capabilities will offer consumers the choice to receive notices via electronic format. As such, these entities will already be equipped with the computer equipment and software necessary to disseminate the required disclosures via electronic means.

John D. Graubert,

Acting General Counsel.

[FR Doc. 02-5128 Filed 3-02; 8:45 am]

BILLING CODE 6750-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Agency Information Collection Activities: Proposed Collections; Comment Request

The Department of Health and Human Services, Office of the Secretary will periodically publish summaries of proposed information collections projects and solicit public comments in compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995. To request more information on the project or to obtain

a copy of the information collection plans and instruments, call the OS Reports Clearance Office at (202) 619-2118 or e-mail Geerie.Jones@HHS.gov.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project 1. Sterilization of Persons in Federally Assisted Family Planning Projects—0937-0166—These regulations and informed consent procedures are associated with Federally funded sterilization services. Selected consent forms are audited during site visits and program reviews to ensure compliance with regulations and the protection of the rights of individuals undergoing sterilization. Burden Estimate for Consent Form—*Annual Responses:* 40,000; *Burden per Response:* one hour; *Total Burden for Consent Form:* 40,000 hours—Burden Estimate for Record-keeping Requirement—*Number of Record-keepers:* 4,000; *Average Burden per Record-keeper:* 2.5 hours; *Total Burden for Record-keeping:* 10,000 hours. *Total Burden:* 50,000 hours.

Send comments via e-mail to Geerie.Jones@HHS.gov, or mail to Cynthia Agens Bauer, OS Reports Clearance Officer, Room 503H,

Humphrey Building, 200 Independence Avenue SW., Washington, DC 20201. Written comments should be received within 60 days of this notice.

Dated: February 22, 2002.

Kerry Weems,

Acting, Deputy Assistant Secretary, Budget.

[FR Doc. 02-4967 Filed 3-1-02; 8:45 am]

BILLING CODE 4190-34-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Agency Information Collection Activities: Submission for OMB Review; Comment Request

The Department of Health and Human Services, Office of the Secretary publishes a list of information collections it has submitted to the Office of Management and Budget (OMB) for clearance in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35) and 5 CFR 1320.5. The following are those information collections recently submitted to OMB.

1. A Study of Stroke Post-Acute Care and Outcomes—New—The Office of the Assistant Secretary for Planning and Evaluation proposes a study to compare risk-adjusted quality indicators related to care provided across the three post-acute care (PAC) settings. The three settings are skilled nursing facilities, home health agencies and inpatient rehabilitation facilities. Stroke was chosen as a tracer condition for this study because it accounts for approximately 10 percent of all Medicare PAC admissions and because stroke patients are treated in all three