

Respondents are health care providers, health plans, and health care clearinghouses. The affected public includes individuals, public and private businesses, state and local governments.

Estimated Annualized Burden Table

Burden Statement: Burden in this context means the time expended by

persons to generate, maintain, retain, disclose or provide the information requested. This includes the time needed to review instructions, to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing

and providing information, to train personnel and to be able to respond to a collection of information, to search data sources, to complete and review the collection of information, and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Section	Type of respondent	Number of respondents	Number of responses per respondent	Average burden (in 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 (or 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—acknowledgment).	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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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

[Document Identifier: HHS–OS–17264–30D]

Agency Information Collection Activities; Submission to OMB for Review and Approval; Public Comment Request

ACTION: 30-day Notice.

SUMMARY: In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, will submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB) for review and approval. The ICR is for renewal of the approved information

collection assigned OMB control number 0990–0269, scheduled to expire on September 30, 2012. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public on this ICR during the review and approval period.

Deadline: Comments on the ICR must be received within 30 days of the issuance of this notice.

ADDRESSES: Submit your comments, including the OMB control number <OCN> and document identifier HHS–OS–17264–30D, to *OIRA_submission@omb.eop.gov* or via facsimile to (202) 395–5806. Copies of the supporting statement and any related forms may be requested via email to *InformationCollectionClearance@hhs.gov* or by calling (202) 690–6162.

Information Collection Request Title: Complaint Forms for Discrimination; Health Information Privacy Complaints.

Abstract: The Office for Civil Rights is seeking an extension on an approval for a 3-year clearance on a previous collection. Individuals may file written complaints with the Office for Civil Rights when they believe they have

been discriminated against by programs or entities that receive Federal financial assistance from the Health and Human Service or if they believe that their right to the privacy of protected health information has been violated. Annual Number of Respondents frequency of submission is record keeping and reporting on occasion.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information requested. This includes the time needed to review instructions, to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information, to train personnel and to be able to respond to a collection of information, to search data sources, to complete and review the collection of information, and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Forms	Type of respondent	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Civil Rights Complaint Form	Individuals or households, Not-for-profit institutions.	3,493	1	45/60	2,620
Health Information Privacy Complaint Form.	Individuals or households, Not-for-profit institutions.	10,286	1	45/60	7,715
Total					10,335

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Announcement of Supplemental Funding for Cooperative Agreements to the New Mexico Department of Health, Office of Border Health; Arizona Department of Health Services, Office of Border Health; California Department of Public Health, Office of Binational Border Health; Texas Department of State Health Services, Office of Border Health to Improve the Health of Persons and Communities Along the U.S.-Mexico Border

AGENCY: Office of Global Affairs, Office of the Secretary, DHHS.

Announcement Type: Cooperative Agreement—FY 2012 Supplemental Funding Announcement. Non-competitive.

Catalog of Federal Domestic Assistance: 93.018.

Projects Period: September 30, 2012—August 31, 2013.

SUMMARY: The Office of Global Affairs (OGA) announces that up to \$150,000.00 (\$37,500.00 to each State) in fiscal year (FY) 2012 funds are being awarded for supplemental funding to existing cooperative agreements to the Department of Health Services of the states of New Mexico, Arizona, Texas and California, whom will work through the U.S.–Mexico Border Health Commission, to improve the health of persons and communities along the U.S.-Mexico border. This initiative addresses Border Binational Health Week; Prevention and Health Promotion among Vulnerable Populations on the U.S.-Mexico Border; U.S.-Mexico Border Tuberculosis Consortium and Legal Issues Forum; Border Binational Obesity Prevention Summit; Border Health Research Forum, Work Group and Expert Panel Meeting; Healthy Border

2010/2020 Strategic Plan; the Outreach Office Planning Meeting, and programmatic and administrative support to the members and staff of the U.S.-Mexico Border Health Commissions. The budget period will be one year with a project period of five years for a total of \$150,000.00 (including indirect costs).

I. Funding Opportunity Description

Under the authority of 22 U.S.C. 290n, OGA announces the allocation of fiscal year (FY) 2012 funds as supplemental funding to already existing cooperative agreements to the New Mexico Department of Health, Office of Border Health; Arizona Department of Health Services, Office of Border Health; California Department of Public Health, Office of Binational Border Health; Texas Department of State Health Services, Office of Border Health to strengthen the binational public health projects and programs along the U.S.-Mexico border. Activities to be addressed through the cooperative agreement will relate to the following topic areas: (1) Border Binational Health Week; (2) Prevention and Health Promotion among Vulnerable Populations on the U.S.-Mexico Border; (3) U.S.-Mexico Border Tuberculosis Consortium and Legal Issues Forum; (4) Border Binational Obesity Prevention Summit; (5) Border Health Research Forum, Work Group and Expert Panel Meeting; (6) Healthy Border 2010/2020 Strategic Plan; and (7) the Outreach Office Planning Meeting.

This assistance will support current, on-going and proposed public health initiatives in this border region, under ongoing, cooperative agreements already awarded to the border health offices in the States of California, Arizona, New Mexico, and Texas. that support the goals and objectives of the U.S.-Mexico Border Health Commission, serve to strengthen access to health care, disease prevention, and public health along the U.S.-Mexico border.

Background: The U.S.-Mexico Border Health Commission (USMBHC), in collaboration with the U.S. Department of Health and Human Services, works

toward creating awareness about the U.S.-Mexico border, its people, and its environment. It educates others about the unique challenges at the border through outreach efforts, data collection and analysis, and joint collaborative efforts with public and private partners in the border health community. The USMBHC serves as a rallying point for shared concerns about the U.S.-Mexico border and as a catalyst for action to develop plans directed toward solving specific health related problems. Outreach offices of the USMBHC work with the border states to address public health concerns and needs affecting the border region. The Department of Health Services of the states of New Mexico, Arizona, Texas and California will work with their Mexican counterparts to promote and strengthen binational health initiatives along the U.S.-Mexico border.

Purpose: The overall objective of the five-year cooperative agreements with the Offices of Border Health in California, Arizona, New Mexico and Texas, initiated in 2011, is to support and coordinate the USMBHC's objectives and the development of the outreach health activities along the U.S. and Mexico border. The cooperative agreements focus on time-limited, product-oriented, and measurable outputs that may contribute to and help to inform the binational dialogue at local, state, and federal levels, regarding mutual challenges in border health, including tuberculosis; obesity/diabetes; infectious disease and public health emergencies; strategic planning; access to care; and research, data collection, and academic alliances.

Activities: Each state will use these supplemental funds in support of the goals of the Commission, to expand and enhance ongoing activities. Specifically:

- Arizona will expand participation in the Leaders Across Borders Program, which addresses major public health problems along the border through developing leadership skills and facilitating collaborative partnerships among U.S. and Mexico health officials.