

For the Nuclear Regulatory Commission.
David Cullison,
*NRC Clearance Officer, Office of the Chief
Information Officer.*
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NUCLEAR REGULATORY COMMISSION

[NRC-2023-0156]

Information Collection: NRC Form 995, Authorization for Use or Disclosure of Protected Health Information

AGENCY: Nuclear Regulatory
Commission.

ACTION: Proposed information
collection; request for comment.

SUMMARY: The U.S. Nuclear Regulatory
Commission (NRC) invites public
comment on this proposed information
collection. The information collection is
entitled, NRC Form 995, “Authorization
for Use or Disclosure of Protected
Health Information.”

DATES: Submit comments by August 19,
2024. Comments received after this date
will be considered if it is practical to do
so, but the Commission is able to ensure
consideration only for comments
received on or before this date.

ADDRESSES: You may submit comments
by any of the following methods;
however, the NRC encourages electronic
comment submission through the
Federal rulemaking website:

- *Federal rulemaking website:* Go to <https://www.regulations.gov> and search for Docket ID NRC-2023-0156. Address questions about Docket IDs in *Regulations.gov* to Stacy Schumann; telephone: 301-415-0624; email: Stacy.Schumann@nrc.gov. For technical questions, contact the individual listed in the **FURTHER INFORMATION CONTACT** section of this document.

- *Mail comments to:* David Cullison, Office of the Chief Information Officer, Mail Stop: T-6 A10M, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001.

For additional direction on obtaining
information and submitting comments,
see “Obtaining Information and
Submitting Comments” in the
SUPPLEMENTARY INFORMATION section of
this document.

FOR FURTHER INFORMATION CONTACT:
David Cullison, Office of the Chief
Information Officer, U.S. Nuclear
Regulatory Commission, Washington,
DC 20555-0001; telephone: 301-415-
2084; email: Infocollects.Resource@nrc.gov.

SUPPLEMENTARY INFORMATION:

I. Obtaining Information and Submitting Comments

A. Obtaining Information

Please refer to Docket ID NRC-2023-
0156 when contacting the NRC about
the availability of information for this
action. You may obtain publicly
available information related to this
action by any of the following methods:

- *Federal Rulemaking website:* Go to <https://www.regulations.gov> and search for Docket ID NRC-2023-0156. A copy of the collection of information and related instructions may be obtained without charge by accessing Docket ID NRC-2023-0156 on this website.

- *NRC’s Agencywide Documents Access and Management System (ADAMS):* You may obtain publicly available documents online in the ADAMS Public Documents collection at <https://www.nrc.gov/reading-rm/adams.html>. To begin the search, select “Begin Web-based ADAMS Search.” For problems with ADAMS, please contact the NRC’s Public Document Room (PDR) reference staff at 1-800-397-4209, at 301-415-4737, or by email to PDR.Resource@nrc.gov. The supporting statement and NRC Form 995 are available in ADAMS under Accession Nos. ML23254A227 and ML23254A225.

- *NRC’s PDR:* The PDR, where you may examine and order copies of publicly available documents, is open by appointment. To make an appointment to visit the PDR, please send an email to PDR.Resource@nrc.gov or call 1-800-397-4209 or 301-415-4737, between 8 a.m. and 4 p.m. eastern time (ET), Monday through Friday, except Federal holidays.

- *NRC’s Clearance Officer:* A copy of the collection of information and related instructions may be obtained without charge by contacting the NRC’s Clearance Officer, David Cullison, Office of the Chief Information Officer, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001; telephone: 301-415-2084; email: Infocollects.Resource@nrc.gov.

B. Submitting Comments

The NRC encourages electronic
comment submission through the
Federal rulemaking website (<https://www.regulations.gov>). Please include
Docket ID NRC-2023-0156, in your
comment submission.

The NRC cautions you not to include
identifying or contact information in
comment submissions that you do not
want to be publicly disclosed in your
comment submission. All comment
submissions are posted at <https://www.regulations.gov> and entered into
ADAMS. Comment submissions are not

routinely edited to remove identifying
or contact information.

If you are requesting or aggregating
comments from other persons for
submission to the NRC, then you should
inform those persons not to include
identifying or contact information that
they do not want to be publicly
disclosed in their comment submission.
Your request should state that comment
submissions are not routinely edited to
remove such information before making
the comment submissions available to
the public or entering the comment into
ADAMS.

II. Background

In accordance with the Paperwork
Reduction Act of 1995 (44 U.S.C.
chapter 35), the NRC is requesting
public comment on its intention to
request the OMB’s approval for the
information collection summarized
below.

1. *The title of the information collection:* NRC Form 995, Authorization for Use or Disclosure of Protected Health Information.

2. *OMB approval number:* An OMB control number has not yet been assigned to this proposed information collection.

3. *Type of submission:* New.

4. *The form number, if applicable:* NRC Form 995.

5. How often the collection is required or requested: Information is collected as needed.

6. *Who will be required or asked to respond:* Medical providers.

7. *The estimated number of annual responses:* 30.

8. *The estimated number of annual respondents:* 30.

9. *The estimated number of hours needed annually to comply with the information collection requirement or request:* 37.5.

10. *Abstract:* This clearance is being requested to collect information from an employee to authorize the agency’s medical reviewing authority to contact their private health provider. This authorization will be requested to determine and clarify disability status in the following situations: (1) an employee has requested reasonable accommodation and provided medical documentation; but further clarification or detail is needed to reach an appropriate determination on the request for accommodation; or (2) an employee is requesting extended health care coverage for a disabled adult dependent beyond the age otherwise covered.

III. Specific Requests for Comments

The NRC is seeking comments that
address the following questions:

1. Is the proposed collection of information necessary for the NRC to properly perform its functions? Does the information have practical utility? Please explain your answer.

2. Is the estimate of the burden of the information collection accurate? Please explain your answer.

3. Is there a way to enhance the quality, utility, and clarity of the information to be collected?

4. How can the burden of the information collection on respondents be minimized, including the use of automated collection techniques or other forms of information technology?

Dated: June 12, 2024.

For the Nuclear Regulatory Commission.

David Cullison,

NRC Clearance Officer, Office of the Chief Information Officer.

[FR Doc. 2024–13322 Filed 6–17–24; 8:45 am]

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PEACE CORPS

Information Collection Request; Submission for OMB Review

AGENCY: Peace Corps.

ACTION: 30-Day notice and request for comments.

SUMMARY: The Peace Corps will be submitting the following information collection request to the Office of Management and Budget (OMB) for review and approval. The purpose of this notice is to allow 30 days for public comment in the **Federal Register** preceding submission to OMB. We are conducting this process in accordance with the Paperwork Reduction Act of 1995.

DATES: Submit comments on or before July 18, 2024.

ADDRESSES: Comments should be addressed to James Olin, FOIA/Privacy Act Officer. James Olin can be contacted by phone 202–692–2507 or email at pcf@peacecorps.gov. Email comments must be made in text and not in attachments.

FOR FURTHER INFORMATION CONTACT: James Olin, Peace Corps, at pcf@peacecorps.gov or by telephone at (202) 692–2507.

SUPPLEMENTARY INFORMATION:

Title: Individual Specific Medical Evaluation Forms (15).

OMB Control Number: 0420–0550.

Type of Request: Revision/New.

Affected Public: Individuals/Physicians.

Respondents Obligation to Reply: Voluntary.

Respondents: Potential and current volunteers.

Burden to the Public:

- Asthma Evaluation Form
 - (a) Estimated number of Applicants/physicians 700/700
 - (b) Frequency of response one time
 - (c) Estimated average burden per response 75 minutes/30 minutes
 - (d) Estimated total reporting burden 875 hours/350 hours
 - (e) Estimated annual cost to respondents Indeterminate

General Description of Collection:

When an Applicant reports on the Health History Form any history of asthma, he or she will be provided an Asthma Evaluation Form for the treating physician to complete. The Asthma Evaluation Form asks for the physician to document the Applicant's condition of asthma, including any asthma symptoms, triggers, treatments, or limitations or restrictions due to the condition. This form will be used as the basis for an individualized determination as to whether the Applicant will, with reasonable accommodation, be able to perform the essential functions of a Peace Corps Volunteer and complete a tour of service without unreasonable disruption due to health problems. This form will also be used to determine the type of accommodation that may be needed, such as placement of the Applicant within reasonable proximity to a hospital in case treatment is needed for a severe asthma attack.

- Diabetes Diagnosis Form
 - (a) Estimated number of Applicants/physicians 55/55
 - (b) Frequency of response one time
 - (c) Estimated average burden per response 75 minutes/30 minutes
 - (d) Estimated total reporting burden 69 hours/28 hours
 - (e) Estimated annual cost to respondents Indeterminate

General Description of Collection:

When an Applicant reports the condition of diabetes Type 1 on the Health History Form, the Applicant will be provided a Diabetes Diagnosis Form for the treating physician to complete. In certain cases, the Applicant may also be asked to have the treating physician complete a Diabetes Diagnosis Form if the Applicant reports the condition of diabetes Type 2 on the Health History Form. The Diabetes Diagnosis Form asks the physician to document the diabetes diagnosis, etiology, possible complications, and treatment. This form will be used as the basis for an individualized determination as to whether the Applicant will, with reasonable accommodation, be able to

perform the essential functions of a Peace Corps Volunteer assignment and complete a tour of service without unreasonable disruption due to health problems. This form will also be used to determine the type of accommodation that may be needed, such as placement of an Applicant who requires the use of insulin in order to ensure that adequate insulin storage facilities are available at the Applicant's site.

- Transfer of Care—Request for Information Form
 - (a) Estimated number of Applicants/physicians 1270/1270
 - (b) Frequency of response one time
 - (c) Estimated average burden per response 75 minutes/30 minutes
 - (d) Estimated total reporting burden 1588 hours/635 hours
 - (e) Estimated annual cost to respondents Indeterminate

General Description of Collection:

When an Applicant reports on the Health History Form a medical condition of significant severity (other than one covered by another form), he or she may be provided the Transfer of Care—Request for Information Form for the treating physician to complete. The Transfer of Care—Request for Information Form may also be provided to an Applicant whose responses on the Health History Form indicate that the Applicant may have an unstable medical condition that requires ongoing treatment. The Transfer of Care—Request for Information Form asks the physician to document the diagnosis, current treatment, physical limitations and the likelihood of significant progression of the condition over the next three years. This form will be used as the basis for an individualized determination as to whether the Applicant will, with reasonable accommodation, be able to perform the essential functions of a Peace Corps Volunteer assignment and complete a tour of service without unreasonable disruption due to health problems. This form will also be used to determine the type of accommodation (e.g., avoidance of high altitudes or proximity to a hospital) that may be needed to manage the Applicant's medical condition.

- Mental Health Current Evaluation and Treatment Summary Form
 - (a) Estimated number of Applicants/professional 1221/1221
 - (b) Frequency of response one time
 - (c) Estimated average burden per response 105 minutes/60 minutes
 - (d) Estimated total reporting burden 2137 hours/1221 hours
 - (e) Estimated annual cost to respondents Indeterminate

General Description of Collection: The Mental Health Current Evaluation Form