

IHS Areas and Service Units for improving prevention, detection, and treatment of infectious and chronic disease, specifically in this case, HIV and Sexually Transmitted Disease (STD).

The "HIV Knowledge/Attitudes/Practice Customer Survey" (hereto referred to as Customer Survey), will provide the information needed to understand the most effective and appropriate methods to complete these goals. With the information collected from patients, we will be able to offer recommendations to Service Units on

how to best scale up screening for sensitive topics such as HIV and STDs in AI/AN communities. Also, the information will give IHS the tools to assist our Service Units with implementation of current national recommendations by CDC. At the moment, we are encouraging uptake of current CDC national recommendations; however, without this information, we are unable to maximize effectiveness, dispel myths, and identify misinformation.

Voluntary customer surveys will be conducted through self-administered

questionnaires, face-to-face interviews, and potentially electronic media. The information gathered will be used by DEDP and the HIV Program to identify how patients would prefer to be offered expanded testing in a way that is respectful, confidential, and effective. *Affected Public:* Individuals. *Type of Respondents:* IHS customers.

The table below provides: Types of data collection instruments, Estimated number of respondents, Number of responses per respondent, Average burden hour per response, and Total annual burden hour(s).

ESTIMATED BURDEN HOURS

Data collection instrument	Estimated number of respondents	Responses per respondent	Average burden hour per response	Total annual burden hours
Customer survey	1000	1	10/60	166
Total	1000	166

There are no Capital Costs, Operating Costs, and/or Maintenance Costs to report.

Request for Comments: Your written comments and/or suggestions are invited on one or more of the following points: (a) Whether the information collection activity is necessary to carry out an agency function; (b) whether the agency processes the information collected in a useful and timely fashion; (c) the accuracy of the public burden estimate (the estimated amount of time needed for individual respondents to provide the requested information); (d) whether the methodology and assumptions used to determine the estimates are logical; (e) ways to enhance the quality, utility, and clarity of the information being collected; and (f) ways to minimize the public burden through the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Send Comments and Requests for Further Information: Send your written comments, requests for more information on the proposed collection, or requests to obtain a copy of the data collection instrument(s) and instructions to: Ms. Janet Ingersoll, Acting IHS Reports Clearance Officer, 801 Thompson Avenue, TMP 450, Rockville, MD 20852-1627; call non-toll free (301) 443-6177; send via facsimile to (301) 443-2316; or send your E-mail requests, comments, and return address to: janet.ingersoll@ihs.gov.

Comment Due Date: Your comments regarding this information collection are best assured of having full effect if

received within 60 days of the date of this publication.

Dated: August 18, 2008.

Robert G. McSwain,
 Director, Indian Health Service.
 [FR Doc. E8-19479 Filed 8-22-08; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Request for Public Comment: 60-Day Proposed Information Collection: Indian Health Service; Health Promotion/Disease Prevention Grantee Survey

AGENCY: Indian Health Service, HHS.
ACTION: Notice.

SUMMARY: In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 which requires 60 days for public comment on proposed information collection projects, the Indian Health Service (IHS) is publishing for comment a summary of a proposed information collection to be submitted to the Office of Management and Budget (OMB) for review.

Proposed Collection: Title: 0917-NEW, "Indian Health Service Health Promotion/Disease Prevention Grantee Survey." *Type of Information Collection Request:* This is a one time survey to fulfill an OMB request for an independent external evaluation collection, 0917-NEW, "Indian Health Service Health Promotion/Disease Prevention (HP/DP) Grantee Survey."

Form(s): The Indian Health Service HP/DP Interview Survey. *Need and Use of Information Collection:* The IHS goal is to raise the health status of the American Indian and Alaska Native (AI/AN) people to the highest possible level by providing comprehensive health care and preventive health services. HP/DP is one of the three IHS Director's Initiatives to reduce health disparities among AI/AN populations through a coordinated and systematic approach to enhance health promotion and chronic disease prevention approaches at the local, regional, and national levels.

The HP/DP competitive grant was established in 2005 to encourage Tribal and urban Indian programs to fully engage their local schools, communities, health care providers, health centers, faith-based/spiritual communities, senior centers, youth programs, local governments, academia, non-profit organizations, and many other community sectors to work together to enhance and promote health and prevent chronic disease in their communities. Thirty-three Tribal/urban Indian organizations and programs were awarded competitive grants to expand and enhance health promotion and disease prevention to address health disparities among AI/AN populations.

To conduct a thorough evaluation of the grant program, 29 telephone and four face-to-face interviews will be conducted to collect information to complete a quantitative and qualitative evaluation of the HP/DP grant program. The teleconference interviews may include one staff member per site. Each of the Tribal/urban organization/

programs will determine the number of their staff members that will participate in the interview. The evaluation will include an assessment of whether HP/DP grantees achieve measurable health outcomes, synthesize the evaluation findings, and include a written report

with recommendations to enhance program effectiveness. The information gathered will be used to prepare a final report for OMB. *Affected Public:* Individuals. *Type of Respondents:* Tribal/Urban organizations program staff.

The table below provides: Types of data collection instruments, Estimated number of respondents, Number of responses per respondent, Average burden hour per response, and Total annual burden hour(s).

ESTIMATED BURDEN HOURS

Data collection instrument	Estimated number of respondents	Responses per respondent	Average burden hour per response	Total annual burden hours
HP/DP Grantees Telephone and Face-to-Face Interview Survey	231	1	1	231
Total	231	231

There are no Capital Costs, Operating Costs, and/or Maintenance Costs to report.

Request for Comments: Your written comments and/or suggestions are invited on one or more of the following points: (a) Whether the information collection activity is necessary to carry out an agency function; (b) whether the agency processes the information collected in a useful and timely fashion; (c) the accuracy of the public burden estimate (the estimated amount of time needed for individual respondents to provide the requested information); (d) whether the methodology and assumptions used to determine the estimates are logical; (e) ways to enhance the quality, utility, and clarity of the information being collected; and (f) ways to minimize the public burden through the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

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Comment Due Date: Your comments regarding this information collection are best assured of having full effect if received within 60 days of the date of this publication.

Dated: August 18, 2008.

Robert G. McSwain,
Director, Indian Health Service.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Privacy Act of 1974; Report of Modified or Altered System Medical, Health and Billing Records System

AGENCY: Indian Health Service (IHS), HHS.

ACTION: Notice of Proposed Modification or Alteration to a System of Records (SOR).

SUMMARY: In accordance with the requirements of the Privacy Act of 1974, IHS is proposing to modify or alter an SOR, "Medical, Health and Billing Records," System No. 09-17-0001. IHS is proposing to amend routine use number 10 to be more consistent with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule language, 45 CFR 164.512(b) by changing the language to state "which are authorized by applicable Federal, State, Tribal or local law * * *," which would give IHS the discretion of allowing additional disclosures. For example, this change will give IHS the discretion to disclose controlled substance prescription data to a centralized database administered by an authorized State public health entity, such as state prescription drug monitoring programs (PMP). IHS is also proposing to add routine use number 25 to meet the newly established requirement by the Office of Management and Budget (OMB) Memoranda (M) 07-16, Safeguarding Against and Responding to the Breach of Personally Identifiable Information and to Comply with HHS Incident Reporting and Handling Requirements.

Effective Dates: IHS filed an altered/modified system report with the Chair of the House Committee on Oversight and Government Reform, the Chair of the Senate Committee on Homeland

Security and Governmental Affairs, and the Administrator, Office of Information and Regulatory Affairs, OMB on August 25, 2008. To ensure that all parties have adequate time in which to comment, the modified SOR will become effective 40 days from the publication of the notice, or from the date it was submitted to OMB and the Congress, whichever is later, unless IHS invites comments on all portions of this notice.

ADDRESSES: The public should address comments to: Mr. William Tibbitts, IHS Privacy Act/HIPAA Privacy Officer, Office of Management Services, Division of Regulatory Affairs, Records Access and Policy Liaison, 801 Thompson Avenue, TMP, Suite 450, Rockville, MD 20852-1627; call non-toll free (301) 443-1116; send via facsimile to (301) 443-2316, or send your e-mail requests, comments, and return address to: William.Tibbitts@ihs.gov.

FOR FURTHER INFORMATION CONTACT: Ms. Patricia Gowan, IHS Lead Health Information Management (HIM) Consultant and Area HIM Consultant, Phoenix Area Office, Two Renaissance Square, 40 North Central Avenue, Phoenix, AZ 85004-4450, Telephone (602) 364-5172.

SUPPLEMENTARY INFORMATION: IHS initiated a national workgroup consisting of IHS Chief Medical Officers (CMOs) and the IHS National Pharmacy Council (NPC) to assist the IHS in systematically addressing the issue of prescription drug abuse. Currently, approximately 35 States have controlled substances prescription reporting systems that allow providers to monitor their patient's prescriptions and access to controlled substances.