

disclosures, consistent with the Privacy Act's requirement that individuals be made aware of how their records may be disclosed, even if the FTC anticipates that there may often be very limited or no disclosure of an individual's records to third parties as part of the agency's investigatory or remedial efforts.

Developing fixed categories of access for certain entities or individuals, as EPIC suggests, would not appear to confer significantly greater protection, if any, for an individual's records than limiting disclosures to those that are "reasonably necessary." The determination of when disclosure is "reasonably necessary" will logically depend on a case-by-case evaluation of the specific circumstances of the breach, including how much of an individual's information, if any, it is reasonably necessary to disclose, and the specific nature of the entities to whom such information needs to be disclosed, in order to investigate or respond to a breach.<sup>5</sup> Amending a routine use to accommodate disclosures in response to a breach is not a viable option when there is a clear need to respond rapidly and effectively in investigating and mitigating the breach, in light of the prior notice and comment requirements of the Privacy Act for routine use amendments.

Second, EPIC's comment advocates that consumers be notified as soon as possible after a security breach results in their personal information being accessed by an unauthorized person, and before notifying any other agency, entity or individual. That issue, however, is outside the scope of a routine use notice under the Privacy Act. The Act requires that agencies notify individuals about the establishment of a Privacy Act system of records, the routine uses of such systems of records, and additional notice at the time that information in such a system is collected from individuals.

Nothing in the Act, however, governs or provides criteria for determining when notice of a data breach to affected individuals would be appropriate or not. Guidance on that issue has been issued to all Federal agencies by the Office of Management & Budget (OMB), in conjunction with the President's Identity Theft Task Force, chaired by the Attorney General and co-chaired by the FTC Chairman.<sup>6</sup> As stated in that

guidance, agencies must consider various factors in determining whether notice is appropriate in a given case. The routine use published by the FTC neither addresses nor is it intended to supersede or supplant such guidance, or any other applicable guidance that may later arise in applicable statute, rule or policy regarding when notice to individuals must or should be given.

Accordingly, after consideration of the above, the FTC has determined to adopt the routine use for data breach as originally published, and hereby amends Appendix 1 of its Privacy Act system notices, as published at 57 FR 45678, by adding the following new routine uses set forth in that Appendix:

\* \* \*

To appropriate agencies, entities, and persons when (1) the FTC suspects or has confirmed that the security or confidentiality of information in the system of records has been compromised; (2) the FTC has determined that as a result of the suspected or confirmed compromise there is a risk of harm to economic or property interests, identity theft or fraud, or harm to the security or integrity of this system or other systems or programs (whether maintained by the FTC or another agency or entity) that rely upon the compromised information; and (3) the disclosure made to such agencies, entities, and persons is reasonably necessary to assist in connection with the FTC's efforts to respond to the suspected or confirmed compromise and prevent, minimize, or remedy such harm.

By direction of the Commission.

Donald S. Clark  
Secretary

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[BILLING CODE 6750-01-S]

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Committee on Vital and Health Statistics: Meeting

Pursuant to the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) announces the following advisory committee meeting.

*Name:* National Committee on Vital and Health Statistics (NCVHS).

Identity Theft Related Data Breach Notification" (Sept. 20, 2006) (attaching Memorandum from the Identity Theft Task Force, "Identity Theft Related Data Security Breach Notification Guidance" (Sept. 19, 2006), also reproduced in The President's Identity Theft Task Force, *Combating Identity Theft: A Strategic Plan* (Apr. 2007) at 73-82 (App. A)).

*Time and Date:* June 20, 2007: 9 a.m.–3:15 p.m.; June 21, 2007: 9 a.m.–3 p.m.

*Place:* Natcher Center, Building 45, National Institutes of Health, Bethesda Campus, Bethesda, MD.

*Status:* Open.

*Purpose:* At this meeting the Committee will hear presentations and hold discussions on several health data policy topics. On the morning and afternoon of the first day the Committee will hear updates and status reports from its subcommittees as well as a briefing on the 5010 transaction data set.

On the morning of the second day the Committee will first hear updates from the Department on activities of the Data Council and the Office of the National Coordinator for Health Information Technology (ONCHIT) followed by Committee actions on selected topics from the subcommittees. The next item will be a briefing on the International Health Terminology Standards Development Organization (IHTSDO.) This briefing will be followed by a discussion of secondary uses of electronic medical record information which will continue after the noon break. There will be a short discussion of future agendas before the meeting adjourns.

The times shown above are for the full Committee meeting. Subcommittee breakout sessions are scheduled for late in the afternoon of the first day and in the morning prior to the full Committee meeting on the second day. Agendas for these breakout sessions will be posted on the NCVHS Web site (URL below) when available.

*Contact Person for More Information:* Substantive program information as well as summaries of meetings and a roster of committee members may be obtained from Marjorie S. Greenberg, Executive Secretary, NCVHS, National Center for Health Statistics, Centers for Disease Control and Prevention, 3311 Toledo Road, Room 2402, Hyattsville, Maryland 20782, telephone (301) 458-4245. Information also is available on the NCVHS home page of the HHS Web site: <http://www.ncvhs.hhs.gov/>, where further information including an agenda will be posted when available.

Should you require reasonable accommodation, please contact the CDC Office of Equal Employment Opportunity on (301) 458-4EEO (4336) as soon as possible.

Dated: May 31, 2007.

**James Scanlon,**

*Deputy Assistant Secretary for Planning and Evaluation (SDP), Office of the Assistant Secretary for Planning and Evaluation.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration on Aging

#### Agency Information Collection Activities; Proposed Collection; Comment Request; Fourth National Study of Older Americans Act Recipients

**AGENCY:** Administration on Aging, HHS.

<sup>5</sup> For example, under FTC rules, disclosures to other law enforcement agencies may be made on a confidential basis for law enforcement purposes. See Commission Rule 4.11(c), 16 CFR 4.11(c).

<sup>6</sup> See Memorandum for the Heads of Department and Agencies, from Clay Johnson, Deputy Director for Management, OMB, "Recommendations for

**ACTION:** Notice.

**SUMMARY:** The Administration on Aging (AoA) is announcing an opportunity for public comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act of 1995 (the PRA), Federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, and to allow 60 days for public comment in response to the notice. This notice solicits comments on the information collection requirements relating to The Fourth National Survey of Older Americans Act Service Recipients. This information collection, builds on earlier national pilot studies and performance measurement tools developed by grantees in the Performance Outcomes Measures Project (POMP). It will include consumer assessment surveys for congregate and home delivered meal nutrition program, transportation, homecare services and other Title IIIB services, and National Family Caregiver Support Program. Copies of the POMP instruments can be located at <http://www.gpra.net>. Information collected through this study will be used by AoA to track performance outcome measures, support budget requests; comply with Government Performance and Results Act (GPRA) reporting requirements; provide information for OMB's program assessment (PART) process: Provide national benchmark information for grantees and inform program improvement and management initiatives.

**DATES:** Submit written or electronic comments on the collection of information by August 7, 2007.

**ADDRESSES:** Submit electronic comments on the collection of information to:

*Valerie.Cook@aoa.hhs.gov*.

Submit written comments on the collection of information to Administration on Aging, Washington, DC 20201.

**FOR FURTHER INFORMATION CONTACT:** Valerie Cook (202) 357-3583

**SUPPLEMENTARY INFORMATION:** Under the PRA (44 U.S.C. 3501-3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. "Collection of information" is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency request or requirements that members of the public submit reports, keep records, or provide information to a third party.

Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, AoA is publishing notice of the proposed collection of information set forth in this document. With respect to the following collection of information, AoA invites comments on: (1) Whether the proposed collection of information is necessary for the proper performance of AoA's functions, including whether the information will have practical utility; (2) the accuracy of AoA's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques when appropriate, and other forms of information technology. AoA estimates the burden of this collection of information as follows: Recipient surveys—Respondents: Individuals; Number of Respondents 6,000; Number of Responses per Respondent: One; Average Burden per Response: 30 minutes; Total Burden for Recipients Surveys: 3,000 hours—Administrative Assistance from Area Agencies on Aging (AAA)—Number of AAAs: 250; Average Burden per Respondent: 4 hours; total Burden for AAAs: 1,000—Total Burden for Study 4,000.

Dated: June 4, 2007.

**Josefina G. Carbonell,**

*Assistant Secretary for Aging.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30Day-07-05CP]

#### Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these

requests, call the CDC Reports Clearance Officer at (404) 639-5960 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov). Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

#### Proposed Project

Micro-Finance Project for HIV Prevention—New—National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

CDC is requesting a one-year approval from the Office of Management and Budget to conduct focus groups and administer a one-on-one qualitative interview to women who are at risk for HIV infection, and community leaders in four communities, in the southeastern United States. The purpose of this project is to conduct formative research to determine the most realistic and efficacious approach for developing a micro-finance project to reduce HIV/STD-related risk behavior among unemployed or underemployed high-risk African-American women in the southeastern United States, who are among those most at risk for HIV infection in the country. The project addresses goals of the CDC HIV Prevention Strategic Plan, specifically the goal of decreasing the number of persons at high risk of acquiring or transmitting HIV infection. Information from this project will inform the development of economic empowerment interventions to reduce risk for HIV infection. A focus group will be conducted with eight women (who are screened for eligibility) in each of the four communities (a total of 32 women) in the southeast United State with high prevalence of HIV and other sexually transmitted diseases. Up to eight women from each focus group (up to 32 women) will participate in individual interviews. Another focus group will include community leaders in each of the four communities (a total of 32 individuals). The focus groups will capture demographic information, attitudes, and knowledge regarding income-generating activities that are feasible (can be done with small capitalization and by these women with some training and other preparation), attractive (women will do this work), and useful (likely to produce income to address a reasonable proportion of economic need; the community will use the service or purchase the product of the activity). The focus group participants who also participate in