

CFR 225.41) to acquire a bank or bank holding company. The factors that are considered in acting on the notices are set forth in paragraph 7 of the Act (12 U.S.C. 1817(j)(7)).

The notices are available for immediate inspection at the Federal Reserve Bank indicated. Once the notices have been accepted for processing, they will also be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing to the Reserve Bank indicated for that notice or to the offices of the Board of Governors. Comments must be received not later than December 23, 1996.

A. Federal Reserve Bank of Kansas City (John E. Yorke, Senior Vice President) 925 Grand Avenue, Kansas City, Missouri 64198:

1. *Barbara Fowler Ferry*, Nevada, Missouri; to acquire an additional 3.57 percent, for a total of 27.54 percent, of the voting shares of Central States Bancshares, Inc., Nevada, Missouri, and thereby indirectly acquire Webb City Bank, Webb City, Missouri.

Board of Governors of the Federal Reserve System, December 3, 1996.

Jennifer J. Johnson,

Deputy Secretary of the Board.

[FR Doc. 96-31137 Filed 12-06-96; 8:45 am]

BILLING CODE 6210-01-F

Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR Part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. Once the application has been accepted for processing, it will also be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act,

including whether the acquisition of the nonbanking company can "reasonably be expected to produce benefits to the public, such as greater convenience, increased competition, or gains in efficiency, that outweigh possible adverse effects, such as undue concentration of resources, decreased or unfair competition, conflicts of interests, or unsound banking practices" (12 U.S.C. 1843). Any request for a hearing must be accompanied by a statement of the reasons a written presentation would not suffice in lieu of a hearing, identifying specifically any questions of fact that are in dispute, summarizing the evidence that would be presented at a hearing, and indicating how the party commenting would be aggrieved by approval of the proposal. Unless otherwise noted, nonbanking activities will be conducted throughout the United States.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than January 3, 1997.

A. Federal Reserve Bank of Chicago (James A. Bluemle, Vice President) 230 South LaSalle Street, Chicago, Illinois 60690:

1. *River Cities Bancshares, Inc.*, Wisconsin Rapids, Wisconsin; to become a bank holding company by acquiring 100 percent of the voting shares of River Cities Bank, Wisconsin Rapids, Wisconsin (in organization).

Board of Governors of the Federal Reserve System, December 3, 1996.

Jennifer J. Johnson,

Deputy Secretary of the Board.

[FR Doc. 96-31138 Filed 12-06-96; 8:45 am]

BILLING CODE 6210-01-F

GENERAL SERVICES ADMINISTRATION

Final Environmental Impact Statement (FEIS), Development of a Clifton Road Campus Annex, Centers for Disease Control and Prevention; Atlanta, GA

Pursuant to the requirements of the National Environmental Policy Act (NEPA) of 1969, and the President's Council on Environmental Quality Regulations (40 CFR 1500-1508), as implemented by General Services Administration (GSA) Order PBS P 1095.4B, GSA announces the availability of the Final Environmental Impact Statement (FEIS) for a 30 day comment period, for the long-term development, over a twenty year horizon, of a campus annex (West

Campus) to house the Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia. Comments should be addressed directly to GSA. The 30-day comment period will begin with the publication of this Notice in the Federal Register.

The FEIS examined the short and long term impacts on the natural and built environments of developing and operating a mix of laboratory, office, and support space at the proposed West Campus. The DEIS also examined measures to mitigate unavoidable adverse impacts of the proposed action. The Main CDC Campus occupies 27.6 acres, and is bounded by Clifton Road to the north, Michael Street to the south and east, and Clifton Way to the west. CDC currently occupies approximately 884,000 gross square feet in 17 buildings, housing some 1,900 personnel. Approximately 60 percent of gross square footage consists of laboratory space, the remainder being office, administrative, and facility support space. There are approximately 1,800 parking spaces on site.

To meet CDC's known facility replacement needs, and to provide future expansion space, GSA proposes to acquire and develop approximately 17.6 acres bounded by Clifton Road to the north, Clifton Way to the east, and Michael Street to the south and west (West Campus). The maximum anticipated development over a twenty year planning horizon is approximately 633,000 additional gross square feet of laboratory, office, and support space, and 1,521 additional parking spaces.

GSA has identified the following alternatives in the EIS:

- "No Action," that is, undertake no site acquisition and development at all.
- Full Acquisition of 17.6 acres and full development of the proposed West Campus Site, previously described. This is the GSA/CDC preferred alternative and the proposed action.
- Limited Expansion by acquisition of less than the full 17.6 acres and development and expansion on a portion of the 17.6 acres and on the existing campus.
- On site consolidation and no additional site acquisition, with development occurring on the existing government-owned CDC Campus site.

GSA solicits comments on the FEIS in writing: Mr. George Chandler or Mr. Phil Youngberg, GSA/PBS Portfolio Management—4PT, 401 West Peachtree Street NW., Suite 3010, Atlanta, GA 30365 or, FAX your comments to GSA at 404-331-4540. Comments should be

received no later than Monday, January 6, 1997.

Phil Youngberg,
Regional Environmental Officer, GSA Region
4 (APT).

[FR Doc. 96-31204 Filed 12-6-96; 8:45 am]

BILLING CODE 6820-23-M

Interagency Committee for Medical Records (ICMR) Videotaped Documentation of Surgical Procedures and Other Episodes of Care

AGENCY: General Services Administration.

ACTION: Guideline on videotaped documentation of surgical procedures and other episodes of care.

SUMMARY: Based on the assumptions listed below, members of the Interagency Committee on Medical Records (ICMR) voted to approve the following guidelines which we recommend for adoption throughout the federal health care system:

The Interagency Committee on Medical Records (ICMR) recommends a uniform approach for the videotaping of surgical procedures and other episodes of care: the patient must provide written consent before an episode of care is videotaped (except for abuse or neglect cases); there must be usual written documentation of the episode of care; and any permanent video images should be destroyed after written documentation is complete. The provider should indicate in his or her final documentation whether or not the image was destroyed. Exceptions to the prohibition against retaining videotapes may be permitted when videotapes are required for a specific interval for a specific reason (such as documentation of procedures for board certification or documentation of abuse or neglect). Any agency which chooses to keep images on file for educational purposes should have a standard operating procedure or policy on how the images will be maintained. This policy or procedure should be reviewed periodically.

Assumptions

Storage—Preservation of bulky videotapes imposes significant space requirements. Duration of storage of videotaped images is not yet defined by most federal activities, but the Department of Veterans Affairs must store all medical records for 75 years.

Technology—As technology changes, recovery of video images may require equipment which is no longer available.

Medicolegal—Whether a videotape of a procedure or consultation becomes part of the patient's medical record is

not well defined. However, according to anecdotal reports, if videotapes are available for some patients but not for all, absence of a videotape may create the perception of purposeful destruction of evidence.

Education—If a case is unusual or otherwise holds some special educational value, videotaping may be justifiable on educational grounds. If a case does not hold educational value and there is no legitimate medical reason to videotape (i.e., there is no benefit to the patient), then videotaping is probably not justifiable.

ADDRESSES: Interested persons are invited to submit comments regarding this guideline. Comments should refer to the guideline by name and should be sent to: CDR Patricia Buss, MC, USN; Code 32—Health Policy; Bureau of Medicine and Surgery; 2300 E Street, NW; Washington, DC 20372-5300.

Dated: November 19, 1996.
CDR Patricia Buss, MC, USN,
Chairperson, Interagency Committee on
Medical Records.

[FR Doc. 96-31205 Filed 12-6-96; 8:45 am]

BILLING CODE 6820-34-M

Interagency Committee for Medical Records (ICMR); Documentation of Telemedicine

AGENCY: General Services Administration.

ACTION: Guideline on documentation of telemedicine.

SUMMARY: Based on the assumptions listed below, members of the Interagency Committee on Medical Records (ICMR) voted to approve the following guidelines which we recommend for adoption throughout the federal health care system:

The Interagency Committee on Medical Records recommends a uniform approach to the documentation of telemedicine: the patient must provide written consent before an encounter is videotaped, there must be written documentation of the consultation by providers on both ends of the telemedicine encounter, and any permanent video images should be destroyed after written documentation is complete. The provider should indicate in his or her final documentation whether or not the image was destroyed. Exceptions to the prohibition against retaining videotapes may be permitted for cases with exceptional educational value. Any agency which chooses to keep images on file for educational purposes should have a standard operating procedure or policy on how the images will be

maintained. This guideline should be reviewed periodically.

Assumptions

Storage—Preservation of bulky videotapes imposes significant space requirements. Duration of storage of videotaped images is not yet defined by most federal activities, but the Department of Veterans Affairs must store all medical records for 75 years.

Technology—As technology changes, recovery of video images may require equipment which is no longer available.

Medicolegal—Whether a videotape of a procedure or consultation becomes part of the patient's medical record is not well defined. However, according to anecdotal reports, if videotapes are available for some patients but not for all, absence of a videotape may create the perception of purposeful destruction of evidence.

Education—If a case is unusual or otherwise holds some special educational value, videotaping may be justifiable on educational grounds. If a case does not hold educational value and there is no legitimate medical reason to videotape (i.e., there is no benefit to the patient), then videotaping is probably not justifiable.

ADDRESSES: Interested persons are invited to submit comments regarding this guideline. Comments should refer to the guideline by name and should be sent to: CDR Patricia Buss, MC, USN; Code 32—Health Policy; Bureau of Medicine and Surgery; 2300 E Street, NW; Washington, DC 20372-5300.

Dated: November 19, 1996.
CDR Patricia Buss, MC, USN,
Chairperson, Interagency Committee on
Medical Records.

[FR Doc. 96-31206 Filed 12-6-96; 8:45 am]

BILLING CODE 6820-34-M

HARRY S. TRUMAN SCHOLARSHIP FOUNDATION

Closing Date for Nominations From Eligible Institutions of Higher Education; Notice

SUMMARY: Notice is hereby given that, pursuant to the authority contained in the Harry S. Truman Memorial Scholarship Act, Pub. L. 93-642 (20 U.S.C. 2001), nominations are being accepted from eligible institutions of higher education for Truman Scholarship. Procedures are prescribed at 45 CFR 1801.

In order to be assured consideration, all documentation in support of nominations must be received by the Truman Scholarship Review Committee,