

**Office of the Secretary****Privacy Act of 1974; Revision to Existing System of Records**

**AGENCY:** Employee Assistance Program, Office of the Assistant Secretary for Management and Budget, Office of the Secretary, HHS.

**ACTION:** Notice of revision of Privacy Act systems of records.

**SUMMARY:** In accordance with the Privacy Act, HHS is giving notice that it is revising one of its system of records, 09-90-0010, Employee Assistance Program, HHS/OS/ASMB. It was most recently published on August 11, 1992. The notice is being revised to clarify certain procedures, and update the list of system managers. Records in this system contain information on employees Assistance Program (EAP). It also contains information on employees and their family members from other federal agencies that are contracting with HHS EAPs.

**EFFECTIVE DATE:** This amendment modifies the language of the routine uses but does not change them in substance. Although there is no substantive change, the modified language for the routine uses will take effect April 7, 1997, unless comments are received that result in a different conclusion. Other aspects of this amendment are effective on March 7, 1997.

**FOR FURTHER INFORMATION CONTACT:** EAP Team Leader, Office of Human Resources, Room 5-36E, 200 Independence Avenue, SW., Washington, DC 20201. Telephone number (202) 690-8229 or (202) 690-7954.

**SUPPLEMENTARY INFORMATION:** Some procedure in the previous notice needed further clarification to assure consistent handling of records. In addition, this notice reflects the re-organization of HHS and the resulting changes to the system managers.

The notice is published below in its entirety, as amended.

Dated: December 30, 1996.

Eugen Kinlow,

*Deputy Assistant Secretary for Human Resources*

**09-90-0010**

**SYSTEM NAME:**

Employee Assistance Program (EAP) Records, HHS/OS/ASMB/OHR.

**SYSTEM LOCATION:**

Office designated to provide counseling and/or other EAP services for employees of HHS and their family

members and employees of other federal agencies contracting with HHS for EAP services and their family members. Since there are thousands of counselors available to provide EAP services, contact the appropriate system manager in Appendix 1 for more details about specific locations.

**CATEGORIES OF INDIVIDUALS COVERED BY THE SYSTEM:**

This system covers the records of any HHS employee and their family member(s) using the services of the EAP. It also covers the records of any other federal employee and their family member(s) whose agency has contracted with HHS for EAP services. (The remainder of this notice will refer to all persons covered by the system as "EAP client(s)".)

**CATEGORIES OF RECORDS IN THE SYSTEM:**

This system contains a written or electronic record on each EAP client. These records typically contain demographic data such as client name, date of birth, grade, job title, home address, telephone numbers, and supervisor's name and telephone number. The system includes records of services provided by HHS staff and services provided by contractors.

Certain clinical information is also normally maintained in each record including a psychosocial history, assessment of personal problem(s), information regarding referrals to facilities in the community, and all intervention outcomes.

If the client was referred to the EAP by a supervisor due to work performance or conduct problems or if there is another reason to be concerned about these issues, the record may contain information such as leave usage, work quality, inappropriate behavior, and reason for referral. It may also contain information about previous and on-going supervisory/organizational interventions to correct the problem.

When the client was referred to the EAP because of a positive drug or alcohol test (as required by the drug-free workplace provisions or Department of Transportation regulations), the record will also contain information about substance abuse assessment, treatment, aftercare, and substance use monitoring results.

**AUTHORITY FOR MAINTENANCE OF THE SYSTEM:**

5 U.S.C. 7361, 7362, 7901, 7904; 44 U.S.C. 3101.

**PURPOSES:**

The information contained in each record is a documentation of the nature and extent of the client's problem(s). This information is necessary for the

clinician to formulate and implement an intervention plan for resolving the problem(s). When the intervention plan includes referral(s) to the treatment or other facilities outside the EAP, the record also documents this referral information.

The information contained in each record is also used for monitoring the client's progress in resolving the problems(s).

Anonymous information from each record is also used to prepare statistical reports and conduct research that help with program management.

**ROUTINE USES OF RECORDS MAINTAINED IN THE SYSTEM, INCLUDING CATEGORIES OF USERS AND THE PURPOSES OF SUCH USES:**

(1) HHS contemplates that it will contract with a private organization, individual, or other group such as an EAP consortium, for the purpose of providing EAP services for HHS employees and their family members and/or for employees of other Federal agencies and their family members. Relevant records will be disclosed to, as well as created and maintained by these contractors.

(2) HHS may disclose information from this system of records for litigation purposes when

(A) HHS, or any of its components, or

(B) Any HHS employee in his or her official capacity, or

(C) Any HHS employee in his or her individual capacity where the Department of Justice (or HHS, where it is authorized to do so) has agreed to represent the employee, or

(D) The United States or any agency thereof where HHS determines that the litigation is likely to affect HHS or any of its components

is a party to litigation, and HHS determines that such use of records is relevant and necessary to the litigation and would help in the effective representation of the government party. The disclosure may be made to the Department of Justice. Except where the records are covered by the Confidentiality of Alcohol and Drug Abuse Patient Records regulations, 42 CFR part 2, the disclosure may be made to a court or other tribunal, or to another party before such tribunal. Any disclosure of records covered by 42 CFR part 2 must be pursuant to a qualified service organization agreement that meets the requirements of that part and must also comply with all other aspects of those regulations. The EAP Team Leader (in ASMB) must personally approve any disclosure made under this routine use based on his or her determination that it is compatible with

the purpose for which the records were collected.

(3) Records may be disclosed to student volunteers, individuals working under a personal services contract, and other individuals performing functions for the Department but technically not having the status of agency employees, if they need access to the records in order to perform their assigned agency functions.

**POLICIES AND PRACTICES FOR STORING, RETRIEVING, ACCESSING, RETAINING, AND DISPOSING OF RECORDS IN THE SYSTEM:**

**STORAGE:**

Records are stored in written folders, computers, and on index type cards. The are stored according to a number of physical safeguards described below.

**RETRIEVABILITY:**

Records are retrieved by a case code number, unique to the client utilizing the program. These numbers are cross-indexed by name.

**SAFEGUARDS:**

(1) *Authorized users:* Access to these records is limited to EAP Administrators who work directly with clients of the program and their immediate staffs (including counselors, secretaries, and contract or consortia administrators, counselors or secretaries). HHS EAP Administrators and HHS EAP headquarters staff in OS/ASMB/OHR as well as EAP Administrators and Coordinators from other federal agencies who contract with HHS, whether or not they directly provide clinical services, may have access to the records for the purposes of program evaluation, destroying records at the end of the period of maintenance, and transferring records from one contractor to another.

(2) *Physical safeguards:* All records are stored in metal filing cabinets equipped with at least combination locks, and preferably locking crash bars. These file cabinets are in secured areas, accessible only to EAP staff, and are locked when not in use. Computers containing records are discrete from other computer systems and/or are password protected. Computers are also stored in secured areas, accessible only to the EAP staff. Records are always maintained separate from other systems of record.

(3) *Procedural safeguards:* All persons having access to these records shall already have been trained in the proper handling of records covered by the Privacy Act and 42 CFR part 2 (Confidentiality of Alcohol and Drug Abuse Patient Records).

These acts restrict disclosures to unique situations, such as medical

emergencies, except where the client has consented in writing to such disclosure. Clients of the EAP will be informed in writing of the confidentiality provisions. Secondary disclosure of information which was released is prohibited without client consent.

**RETENTION AND DISPOSAL:**

Records are retained until three years after the client has ceased contact with the EAP or until any litigation is finally resolved. This will be true whether or not the client has terminated employment with HHS or another agency contracting with HHS for EAP services.

Some HHS EAPs provide Substance Abuse Professional evaluations as part of Department of Transportation regulations. These records will be retained for five years after contact with the program has ceased or any litigation is completed.

Files on HHS employees and their family members will be destroyed only by an HHS EAP Administrator, with a witness present, and only after the required period of maintenance. The witness must be an HHS employee familiar with handling confidential records and, whenever possible, another EAP staff member. This includes electronic deletions. Written records will be destroyed by shredding or burning.

Records located away from the EAP Administrator's site shall be transferred to the EAP Administrator in the confidential manner required by HHS and GSA policies. The case coding number of the destroyed record will be maintained on a list of other destroyed case coding numbers. No other information about EAP clients may be maintained once these files have been destroyed.

**SYSTEM MANAGER(S) AND ADDRESS:**

The records of individuals participating in the EAP are managed by the EAP Administrators in the various regional and headquarters offices (Appendix 1).

**NOTIFICATION PROCEDURES**

If an HHS employee and/or family member wishes to inquire about his or her record, a written inquiry should be addressed to the HHS system manager responsible for the area where the counseling was provided (see Appendix 1). The individual should provide his or her name, organization where employed, date of birth, location of counseling, and approximate date of counseling. If a third party is making the request, a written consent from the client must accompany the request.

If an inquiry is made from an employee and/or family member from another federal agency serviced by the HHS EAP, a written inquiry shall be made using the same procedures described above. If the agreement to obtain services from HHS has terminated, the request should be made through the designated EAP representative at the other Federal agency.

In some limited situations, an EAP record is considered a medical record. A client who requests notification or access to a medical record shall, at the time the request is made, designate in writing a responsible individual who would be willing to review the record. Upon receiving a request, the EAP Administrator shall weigh the need for disclosure against the potential injury to the EAP client, to other affected persons, to the physician-patient relationship, and to the treatment services. The EAP Administrator will then determine whether to disclose the record directly to the client or to the designated individual. If disclosed to the designated individual, he or she will inform the client of its content but only at his or her discretion.

**RECORD ACCESS PROCEDURES:**

Same as notification procedures. Requesters should also reasonably specify the record contents being sought.

**CONTESTING RECORD PROCEDURES:**

Contact the EAP Administrator at the address found in Appendix 1, and reasonably identify the record and specify the information to be contested. State the corrective action sought and the reasons for the correction.

**RECORD SOURCE CATEGORIES:**

Information in this system of records is: (1) Supplied directly by the individual using the program, or (2) supplied by a member of the employee's family, or (3) derived from information supplied by the employee, or (4) supplied by sources to/from whom the individual has been referred for assistance, or (5) supplied by Department officials (including drug testing officers), or (6) supplied by EAP counselors, or (7) supplied by other sources involved with the case.

**SYSTEMS EXEMPTED FROM CERTAIN PROVISIONS OF THE ACT:**

None.

Appendix 1

All Regional Offices (except CDC and NIH) Employee Assistance Program Team Leader, Office of the Secretary, ASMB, HHS EAP

Headquarters, 200 Independence Avenue, SW, Room 5-35E, Washington, DC 20201

*Centers for Disease Control and Prevention*

CDC Employee Assistance Program Administrator, Personnel Management Office, 1600 Clifton Road, NE, Mail Stop K17, Atlanta, GA 30333

*Southwest Complex*

Employee Assistance Program Administrator, Program Support Center, 330 C Street, SW, Room 1036 Washington, DC 20201

*Health Care Financing Administration*

HCFA Employee Assistance Program Administrator, 7500 Security Boulevard, C2-15-05, Baltimore, MD 21244

*National Institutes of Health*

NIH Employee Assistance Program Administrator, Building 31, Room 1C02, 9000 Rockville Pike, Bethesda, MD 20892

*Parklawn/Hyattsville Complex*

Employee Assistance Program Team Leader, Office of the Secretary, ASMB, HHS EAP Headquarters, 200 Independence Avenue, SW, Room-35E, Washington, DC 20201

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**Centers for Disease Control and Prevention**

**Advisory Committee for Injury Prevention and Control: Meeting**

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the following committee meeting.

*Name:* Advisory Committee for Injury Prevention and Control (ACIPC).

*Times and Dates:* 2 p.m.-4 p.m., March 24, 1997. 8:30 a.m.-3:30 p.m., March 25, 1997.

*Place:* The Ritz-Carlton, Atlanta (Downtown), 181 Peachtree Street, NE, Atlanta, Georgia 30303.

*Status:* Closed: 2 p.m.-3 p.m., March 24, 1997, and 8:30-9 a.m., March 25, 1997; Open: 3 p.m.-4 p.m., March 24, 1997, and 9 a.m.-3:30 p.m., March 25, 1997.

*Purpose:* This committee makes recommendations regarding policies, strategies, objectives, and priorities, and reviews progress toward injury prevention and control. The Committee provides advice on the appropriate balance and mix of intramural and extramural research, including laboratory research, and provides guidance on intramural and extramural scientific program matters, both present and future, particularly from a long-range viewpoint. The Committee provides second-level scientific and programmatic review for applications for research grants, cooperative agreements, and training grants related to injury control and violence prevention, and recommends approval of projects that merit further consideration for funding support. The Committee recommends areas of research to be supported by contracts and provides concept review of program proposals and announcements.

*Matters to be Discussed:* The meeting will convene in closed session from 2 p.m. to 3 p.m. on March 24, 1997. The purpose of this closed session is for the Science and Program Review Work Group to consider Injury Control Research Center grant applications recommended for further consideration by the CDC Injury Research Grant Review Committee. On March 25, 1997, from 8:30 a.m. to 9 a.m., the meeting will convene in closed session in order for the full Committee to vote on a funding recommendation. These portions of the meeting will be closed to the public in accordance with provisions set forth in section 552(c)(4) and (6) title 5 U.S.C., and the Determination of the Associate Director for Management and Operations, CDC, pursuant to Public Law 92-463. Following the closed session there will be discussions on future grant program announcements, ad hoc committee reports, and updates on further progress on standing Work Group issues. The Committee will also discuss (1) an update from the Director, National Center for Injury Prevention and Control (NCIPC); (2) Safe America: Advancing the Initiative; and (3) a report

from the Science and Program Review Work Group which will include reports on the motor vehicle programmatic review and poison control centers.

Agenda items are subject to change as priorities dictate.

*Contact Person for More Information:* Mr. Thomas A. Blakeney, Acting Executive Secretary, ACIPC, NCIPC, CDC, 4770 Buford Highway, NE, M/S K61, Atlanta, Georgia 30341-3724, telephone 770/488-1481.

Dated: March 4, 1997.

Carolyn J. Russell, Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 97-5818 Filed 3-6-97; 8:45 am]

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**Administration for Children and Families**

**Proposed Information Collection Activity; Comment Request**

*Proposed Projects*

*Title:* Detailed Case Data Component (DCDC) of the National Child Abuse and Neglect Data System.

*OMB No.:* 0980-0256.

*Description:* The Detailed Case Data Component of the National Child Abuse and Neglect Data System compiles automated case-level data on child maltreatment investigated by State child protective services agencies. Data are collected on reports of abuse and neglect, characteristics of victims, risk factors associated with victims and their families, and the development of policies and programs relating the child abuse and neglect at the National, State and local levels.

*Respondents:* State, Local or Tribal Govt.

*Annual Burden Estimates*

| Instrument | Number of respondents | Number of responses per respondent | Average burden hours per response | Total burden hours |
|------------|-----------------------|------------------------------------|-----------------------------------|--------------------|
| DCDC ..... | 56                    | 1                                  | 110                               | 6,160              |

*Estimated Total Annual Burden Hours:* 6,160.

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Information Services,

Division of Information Resource Management Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection.

The Department specifically requests comments on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including

whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to