

**Seleda Perryman,**  
*Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.*  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

[Document Identifier: OS-0990-0294; 30-day notice]

**Agency Information Collection Request. 30-Day Public Comment Request**

**AGENCY:** Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any

of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to [Sherette.funncoleman@hhs.gov](mailto:Sherette.funncoleman@hhs.gov), or call the Reports Clearance Office on (202) 690-5683. Send written comments and recommendations for the proposed information collections within 30 days of this notice directly to the OS OMB Desk Officer; faxed to OMB at 202-395-5806.

*Proposed Project:* Standards for Privacy of Individually Identifiable Health Information and Supporting Regulations at 45 CFR Parts 160 and 164 (Extension)—OMB No. 0990-0294 Office of Civil Rights

*Abstract:* The Privacy Rule implements the privacy requirements of the Administrative Simplification subtitle of the Health Insurance Portability and Accountability Act of 1996. The final regulation requires covered entities (as defined in the regulation) to maintain strong protections for the privacy of individually identifiable health information; to use or disclose this information only as required or permitted by the Rule or with the express written authorization of the individual; to provide a notice of the entity's privacy practices; and to document compliance with the Rule. Respondents are health care providers with health plans, and health care clearinghouses. The affected public includes individuals, public and private businesses, state and local governments.

ESTIMATED ANNUALIZED BURDEN TABLE

Section	Type of respondent	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
160.204 .....	Process for Requesting Exception Determinations (states or persons).	40	1	16	640
164.504 .....	Uses and Disclosures—Organizational Requirements .....	764,799	1	5/60	63,733
164.508 .....	Uses and Disclosures for Which Individual authorization is required.	764,799	1	1	764,799
164.512 .....	Uses and Disclosures for which Consent, Individual Authorization, or Opportunity to Agree or Object is Not Required (for other specified purposes by an IRB or privacy board).	113,524	1	5/60	9,460
164.520 .....	Notice of Privacy Practices for Protected Health Information (health plans).	10,570	1	3/60	529
164.520 .....	Notice of Privacy Practices for Protected Health Information (health care providers—dissemination).	613,000,000	1	3/60	30,650,000
164.520 .....	Notice of Privacy Practices for Protected Health Information (health care providers—acknowledgement).	613,000,000	1	3/60	30,650,000
164.522 .....	Rights to Request Privacy Protection for Protected Health Information.	150,000	1	3/60	7,500
164.524 .....	Access of Individuals to Protected Health Information (disclosures).	150,000	1	3/60	7,500
164.526 .....	Amendment of Protected Health Information (requests) .....	150,000	1	3/60	7,500
164.526 .....	Amendment of Protected Health Information (denials) .....	50,000	1	3/60	2,500
164.528 .....	Accounting for Disclosures of Protected Health Information .....	1,080,000	1	5/60	90,000
Total .....	.....	.....	.....	.....	62,254,161

**Seleda Perryman,**  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Submission for OMB Review; Comment Request**

*Title:* State Plan for Foster Care and Adoption Assistance—Title IV–E.  
*OMB No.:* 0980–0141.  
*Description:* A title IV–E plan is required by section 471 part IV–E of the Social Security Act (the Act) for each public child welfare agency requesting Federal funding for foster care, adoption assistance and guardianship assistance

under the Act. The title IV–E plan provides assurances the programs will be administered in conformity with the specific requirements stipulated in title IV–E. The plan must include all applicable State statutory, regulatory, or policy references and citations for each requirement as well as supporting documentation. A title IV–E agency may use the pre-print format prepared by the Children’s Bureau of the Administration for Children and Families or a different format, on the condition that the format used includes all of the title IV–E State plan requirements of the law.

Public Law 110–351, the Fostering Connections to Success and Increasing Adoptions Act of 2008, created a new title IV–E plan option to provide a Guardianship Assistance Program for relatives of children in foster care (section 471(a)(28) of the Act). The Guardianship Assistance program was made effective for States upon

enactment of Public Law 110–351 (October 7, 2008).

Effective October 1, 2009, Public Law 110–351 will allow Tribes, Tribal organizations and Tribal consortia to directly operate title IV–E programs for foster care maintenance payments, adoption assistance and kinship guardianship assistance.

The law also made a number of other changes to title IV–E plan requirements and eligibility criteria. The law’s provisions expanding the scope of the title IV–E program necessitates a revision of the preprint.

*Respondents:* State and Territorial Agencies (State Agencies) administering or supervising the administration of the title IV–E programs and Federally-recognized Tribes, Tribal organizations and Tribal consortia administering title IV–E programs.

**ANNUAL BURDEN ESTIMATES**

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Title IV–E Plan .....	33	1	16	528

Estimated Total Annual Burden Hours: 528.

**Additional Information**

Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Administration, Office of Information 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. E-mail address: [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov).

**OMB Comment**

OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Fax: 202–395–7245, Attn: Desk Officer for the Administration for Children and Families.

Dated: July 23, 2009.  
**Janean Chambers,**  
*Reports Clearance Officer.*  
 [FR Doc. E9-17934 Filed 7-28-09; 8:45 am]  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**Proposed Collection; Comment Request; Parental Knowledge, Attitudes, and Behaviors Related to Pediatric Cardiovascular Health**

**SUMMARY:** In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the National Heart, Lung, and Blood Institute (NHLBI), the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

*Proposed Collection:* Describe the proposed information collection activity as follows. Include: *Title:* Parental Knowledge, Attitudes, and Behaviors Related to Pediatric Cardiovascular Health; *Type of Information Collection Request:* New; *Need and Use of*

*Information Collection:* Coinciding with the release of the Integrated Pediatric Cardiovascular Risk Reduction Guidelines, the National Heart, Lung, and Blood Institute (NHLBI) will conduct a national public awareness campaign to help parents understand that risk for cardiovascular disease (CVD) begins in childhood, and to engage them in encouraging healthy habits in their children to promote heart health and reduce their children’s CVD risk now and as they grow. Currently, little is known about parental knowledge, attitudes, and behaviors related to heart health in children. Serving as a baseline for evaluation of NHLBI’s outreach activities related to the campaign, this study seeks to learn the following: (a) Parents’ awareness of cardiovascular disease risk factors in children and knowledge of what to do for risk reduction, (b) parents’ level of efficacy toward taking action to promote cardiovascular health and reduce risk factors, and (c) parents’ behaviors related to cardiovascular health. The findings will provide valuable information that will enable NHLBI to identify the gaps in knowledge and awareness and target specific information in communications with parents. NHLBI will also be able to determine parents’ efficacy related to the actions needed to promote their