

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 September 7, 2012.

A. Federal Reserve Bank of New York
(Ivan Hurwitz, Vice President) 33
Liberty Street, New York, New York
10045-0001:

1. *Hana Financial Group Inc.*, Seoul, Korea; to become a bank holding company by acquiring 71.37 percent of the voting shares of BNB Financial Services Corporation, New York, New York, and thereby indirectly acquire voting shares of BNB Bank, National Association, Fort Lee, New Jersey.

B. Federal Reserve Bank of Minneapolis (Jacqueline G. King, Community Affairs Officer) 90
Hennepin Avenue, Minneapolis,
Minnesota 55480-0291:

1. *Frandsen Financial Corporation*, Arden Hills, Minnesota; to acquire 100 percent of the voting shares of Clinton Bancshares, Inc., and thereby indirectly acquire voting shares of Clinton State Bank, Clinton, Minnesota.

Board of Governors of the Federal Reserve System, August 10, 2012.

Margaret McCloskey Shanks,
Associate Secretary of the Board.

[FR Doc. 2012-20028 Filed 8-14-12; 8:45 am]

BILLING CODE 6210-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Privacy Act of 1974; System of Records Notice

AGENCY: Department of Health and Human Services (HHS).

ACTION: Notice to alter existing systems of records.

SUMMARY: In accordance with the requirements of the Privacy Act of 1974, HHS gives notice of a proposed alteration to two existing systems of records covering payroll records: 09-40-0006 entitled "Public Health Service (PHS) Commissioned Corps Payroll Records, HHS/PSC/HRS," and 09-40-0010 entitled "Pay, Leave and Attendance Records, HHS/PSC/HRS." The systems are being amended to revise an existing routine use covering disclosures to contractors and to add a new routine use pertaining to system security. The routine use changes are described in more detail in the Supplementary Information section below.

DATES: The routine use changes described in this notice will become

effective without further notice 30 days after publication of this notice in the **Federal Register**, unless comments received on or before that date result in revisions to this notice.

ADDRESSES: The public should address written comments to: Office of the Surgeon General (OSG), Division of Systems Integration (DSI), Tower Oaks Building, Plaza Level 100, 1101 Wootton Parkway, Rockville, Maryland 20852. Comments will be available for public viewing at that location. To review comments in person, please contact the Office of the Surgeon General (OSG), Division of Systems Integration, at 240-453-6085.

FOR FURTHER INFORMATION CONTACT: For system 09-40-0006, contact CAPT Eric Shih, Office of the Surgeon General (OSG), Division of Systems Integration (DSI) Tower Oaks Building, Plaza Level 100, 1101 Wootton Parkway, Rockville, Maryland 20852, 240-453-6085, *Eric.Shih@hhs.gov*. For system 09-40-0010, contact Charles Dietz, Program Support Center (PSC), Payroll Services Division, 5600 Fishers Lane, Room 17-01, Rockville, Maryland 20857, 301-504-3219, *Charles.Dietz@hhs.gov*.

SUPPLEMENTARY INFORMATION:

I. The Privacy Act

The Privacy Act (5 USC 552a) governs the means by which the U.S. Government collects, maintains, and uses information about individuals in a system of records. A "system of records" is a group of any records under the control of a Federal agency from which information about an individual is retrieved by the individual's name or other personal identifier. The Privacy Act requires each agency to publish in the **Federal Register** a system of records notice (SORN) identifying and describing each system of records the agency maintains, including the purposes for which the agency uses information about individuals in the system, the routine uses for which the agency discloses such information outside the agency, and how individual record subjects can exercise their rights under the Privacy Act (e.g., to determine if the system contains information about them).

I. The Proposed Routine Use Changes

The payroll systems proposed to be altered are described in System of Records Notices (SORNs) published on December 11, 1998 (see 63 FR 68596). System 09-40-0006 covers payroll records for HHS Commissioned Corps personnel, and system 09-40-0010 covers payroll records for HHS civilian personnel. In reviewing the SORNs, it

was determined that the following changes in routine uses should be made for both systems. Both changes are compatible with the purposes for which personally identifiable information (PII) is collected in each system, as explained below:

- **Contractor routine use:** The routine use authorizing disclosures to contractors (numbered as routine use 7 in system number 09-40-0006 and as routine use 6 in system number 09-40-0010) should be revised to state that records may be disclosed to "federal agencies and Department contractors that have been engaged by HHS to assist in accomplishment of an HHS function relating to the purposes of the system (i.e., providing payroll services) and that need to have access to the records in order to assist HHS." As currently worded, the routine use includes "contractors" but not "federal agencies" and describes the purposes for which a contractor would be engaged as "collating, analyzing, aggregating or otherwise refining records in the system." Disclosing PII to a federal agency or Department contractor assisting HHS in providing payroll services is compatible with the purposes for which PII is collected in the system, because the PII is collected in the system for payroll-related purposes and the contractor, private firm or other federal agency would be using the PII for such purposes.

- **Breach response routine use:** A new routine use should be added (as routine use 13 in system number 09-40-0006 and as routine use 26 in system number 09-40-0010) to authorize HHS to disclose PII from the system to appropriate parties in the course of responding to a data security breach incident involving the system. Disclosing PII to appropriate parties in the course of responding to a data security breach incident involving the system is compatible with the purposes for which PII is collected in the system, because individuals whose PII is in the system expect their information to be secured, and the routine use will help HHS protect the security of the system. The Office of Management and Budget (OMB) has recommended that federal agencies publish such a routine use for their Privacy Act systems, to facilitate their ability to respond to data security breach incidents (see OMB Memorandum M-07-16 "Safeguarding Against and Responding to the Breach of Personally Identifiable Information," issued May 22, 2007).

Because they represent significant changes to the systems, a report on these proposed routine use changes was sent

to Congress and to OMB in accordance with 5 U.S.C. 552a(r).

For the reasons set forth above, HHS is establishing the following routine uses for these systems:

1. Public Health Service (PHS) Commissioned Corps Payroll Records, HHS/PSC/HRS (09-40-0006)

Revised Routine Use 7: Records may be disclosed to federal agencies and Department contractors that have been engaged by HHS to assist in accomplishment of an HHS function relating to the purposes of the system (i.e., providing payroll services) and that need to have access to the records in order to assist HHS. Any contractor will be required to maintain Privacy Act safeguards with respect to such records. These safeguards are explained in the section entitled "Safeguards."

New Routine Use 13: Records may be disclosed to appropriate federal agencies and Department contractors that have a need to know the information for the purpose of assisting the Department's efforts to respond to a suspected or confirmed breach of the security or confidentiality of the information maintained in this system of records, if the information disclosed is relevant and necessary for that assistance.

2. Pay, Leave and Attendance Records, HHS/PSC/HRS (09-40-0010)

Revised Routine Use 6: Records may be disclosed to federal agencies and Department contractors that have been engaged by HHS to assist in accomplishment of an HHS function relating to the purposes of the system (i.e., providing payroll services) and that need to have access to the records in order to assist HHS. Any contractor will be required to maintain Privacy Act safeguards with respect to such records. These safeguards are explained in the section entitled "Safeguards."

New Routine Use 26: Records may be disclosed to appropriate federal agencies and Department contractors that have a need to know the information for the purpose of assisting the Department's efforts to respond to a suspected or confirmed breach of the security or confidentiality of the information maintained in this system of records, if the information disclosed is relevant and necessary for that assistance.

Dated: July 24, 2012.

Eric Shih,

USPHS, Acting Director, Division of Systems Integration, Office of the Surgeon General.

[FR Doc. 2012-19951 Filed 8-14-12; 8:45 am]

BILLING CODE 4150-28-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Meeting of the ICD-9-CM Coordination and Maintenance Committee

The National Center for Health Statistics (NCHS), Classifications and Public Health Data Standards Staff announces the following meeting:

Name: ICD-9-CM Coordination and Maintenance (C&M) Committee meeting.

Time and Date: 9 a.m.–5 p.m.,

September 19, 2012.

Place: Centers for Medicare and Medicaid Services (CMS) Auditorium, 7500 Security Boulevard, Baltimore, Maryland 21244.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 240 people.

Security Considerations: Due to increased security requirements CMS has instituted stringent procedures for entrance into the building by non-government employees. Attendees will need to present valid government-issued picture identification, and sign-in at the security desk upon entering the building. Attendees who wish to attend a specific ICD-9-CM C&M meeting on September 19, 2012, must submit their name and organization by September 10, 2012, for inclusion on the visitor list. This visitor list will be maintained at the front desk of the CMS building and used by the guards to admit visitors to the meeting.

Participants who attended previous ICD-9-CM C&M meetings will no longer be automatically added to the visitor list. You must request inclusion of your name prior to each meeting you attend.

Please register to attend the meeting on-line at: <http://www.cms.hhs.gov/apps/events/>.

Please contact Mady Hue (410-786-4510 or Marilu.hue@cms.hhs.gov), for questions about the registration process.

Purpose: The ICD-9-CM Coordination and Maintenance (C&M) Committee is a public forum for the presentation of proposed modifications to the International Classification of Diseases, Ninth-Revision, Clinical Modification, the International Classification of Diseases, Tenth-Revision, Clinical Modification and ICD-10-Procedure Coding System.

Matters To Be Discussed: Tentative agenda items include: September 19, 2012.

ICD-10 Topics:

ICD-10 Implementation Announcements

Expansion of Thoracic Aorta Body Part Under Heart and Great Vessels System Addendum Issues (Temporary

Therapeutic Endovascular Occlusion of Vessel, changing body part from thoracic aorta to abdominal aorta)

ICD-10 MS-DRGs

ICD-10 HAC Translations

ICD-10 MCE Translations

ICD-10-CM Diagnosis Topics:

Age related macular degeneration

Bilateral mononeuropathy

Bilateral option for cerebrovascular codes

Chronic Fatigue Syndrome

Complications of urinary devices

Diabetic macular edema

Food Protein Induced Enterocolitis Syndrome (FPIES)

Maternal care for previous Cesarean section/previous uterine incision

Metatarsus varus (congenital metatarsus adductus)

Microscopic colitis

Mid-cervical region and coding of spinal cord injuries

Multifocal motor neuropathy

Parity to supervision of pregnancy codes

Proliferative diabetic retinopathy

Retinal vascular occlusions

Salter Harris fractures

Sesamoiditis

Shin splints

Spontaneous rupture/disruption of tendon

Agenda items are subject to change as priorities dictate.

Note: CMS and NCHS will no longer provide paper copies of handouts for the meeting. Electronic copies of all meeting materials will be posted on the CMS and NCHS Web sites prior to the meeting at http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/03_meetings.asp#TopOfPage and http://www.cdc.gov/nchs/icd/icd9cm_maintenance.htm.

Contact Persons for Additional Information: Donna Pickett, Medical Systems Administrator, Classifications and Public Health Data Standards Staff, NCHS, 3311 Toledo Road, Room 2337, Hyattsville, Maryland 20782, email dfp4@cdc.gov; telephone 301-458-4434 (diagnosis); Mady Hue, Health Insurance Specialist, Division of Acute Care, CMS, 7500 Security Boulevard, Baltimore, Maryland 21244, email Marilu.hue@cms.hhs.gov, telephone 410-786-4510 (procedures).

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention, and the Agency for Toxic Substances and Disease Registry.