

FROM THE DIRECTOR, NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES

The U.S. Public Health Service is committed to reaching the *Healthy People 2010* objective that at least 90 percent of adolescents in the United States receive certain vaccinations. To measure progress toward this goal, the Centers for Disease Control and Prevention (CDC) is conducting the National Immunization Survey –Teen Provider Record Check Study.

This study includes determining the validity of household reports of immunization by comparing telephone interview reports with the immunization information from health care provider offices. We are requesting information from all medical providers on vaccinations given and the dates of vaccination for adolescents between 13 and 17 years old whose parent or guardian participated in the telephone survey. The type of vaccine, the number of vaccinations, and the dates of vaccination will be compared with information obtained during the interview. The protected health information requested is the minimum necessary to accomplish the objectives of the study.

The parent/guardian has agreed to participate in this study, and has verbally consented during the telephone interview to allow us to obtain immunization information from your records. Enclosed is a copy of the form(s) used to document the parent/guardian verbal consent to disclose information from their adolescent's immunization record(s). Pursuant to the document of consent, we would appreciate the completion of the enclosed Teen Immunization History Questionnaire(s) for the named adolescent whether or not you were the provider of the immunizations.

Please be assured that there are several ways that the Privacy Rule (as mandated by the Health Insurance Portability and Accountability Act (HIPAA)) allows you to participate in the NIS. Disclosures of patient data are permitted for public health surveillance purposes and for research that has been approved by an Institutional Review Board – both of which apply to this survey. In addition, a Privacy Board at the Centers for Disease Control and Prevention has reviewed this study. We invite you to visit our respondent website (<http://www.cdc.gov/nis>) for information regarding the survey including important policies and procedures regarding confidentiality and meeting the HIPAA Privacy Rule requirements. Additional information regarding HIPAA is available at the following website:
<http://www.cdc.gov/mmwr/preview/mmwrhtml/m2e411a1.htm>.

This study is authorized by Section 306 of the Public Health Service Act and The National Childhood Vaccine Injury Act of 1986. Through a partnership with the National Center for Health Statistics, the information you supply will be treated confidentially, as specified by law in Section 308(d) of the Public Health Service Act and the Confidential Information Protection and Statistical Efficiency Act. The information will be used for statistical purposes only; no information that could identify you, your practice, your facility, the adolescent, or the adolescent's family will be released. Although your participation is voluntary, we hope that you will choose to participate.

You may participate by completing the enclosed questionnaire(s) and faxing it or mailing it in the enclosed prepaid envelope to NORC with the vaccination information. As these medical documents are confidential, if sending a fax please take extra care to dial the correct toll-free fax number. Mail to or fax to:

National Opinion Research Center
National Immunization Survey – Teen
1 North State Street, FL 16
Chicago, IL 60602

FAX: (866) 324-8659

To assist you with HIPAA recordkeeping, we have provided you with a Documentation Notice for HIPAA Accounting. This document should be placed in each adolescent's record.

In developing this package, efforts have been made to consolidate multiple requests for immunization records for adolescents in your practice. However, as the survey collects information continuously throughout the year, you may receive additional requests for immunization information on other adolescents for whom you provide medical care. Enclosed for your information and reference is an MMWR article about vaccination coverage levels in the nation.

If you have any questions or comments about the enclosed material, or the records being requested, please call 1-800-817-4316. If you would like additional information about the National Immunization Survey – Teen, please call Christina Dorell, MD, MPH, at 404-639-5198 with the Centers for Disease Control and Prevention. Your participation in the National Immunization Survey – Teen Provider Record Check Study is greatly appreciated.

Sincerely yours,

Originally signed by
Anne Schuchat, M.D.
Rear Admiral, United States Public Health Service
Director, National Center for Immunization
and Respiratory Diseases

Enclosures:

Roster of Teen Immunization History Questionnaires issued
Teen Immunization History Questionnaire(s) (for each adolescent)
Documentation of Telephone Consent (for each adolescent)
NIS Documentation Notice for HIPAA Accounting (for each adolescent)
MMWR article
HPV article
Adolescent Vaccine flyer
Frequently Asked Questions about HIPAA and the NIS
Institutional Review Board Approval
Business Reply Envelope