



FROM THE DIRECTOR NATIONAL IMMUNIZATION PROGRAM

The U.S. Public Health Service is committed to reaching the *Healthy People 2010* objective that at least 90 percent of children in the United States complete their primary vaccination series by their second birthday. To measure progress toward this goal, the Centers for Disease Control and Prevention (CDC) is conducting the National Immunization Survey (NIS) Provider Record Check Study. This study collects and reports the most complete information available on the current vaccination levels of preschool children for each state.

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 children 19 through 35 months who participated in the telephone survey. The type of vaccine, the number of vaccinations, and the dates of vaccination will be compared with information obtained from the child's parent or guardian in the survey. 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 used to document the parent/guardian verbal consent to disclose information from their child's immunization record. Pursuant to the document of consent, we would appreciate the completion of the enclosed immunization history questionnaire for the named child 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 purposes and for research that has been approved by an Institutional Review Board – both of which apply to this survey. 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.hhs.gov/ocr/hipaa/guidelines/publichealth.pdf>.

This study is authorized by Section 306 of the Public Health Service Act and The National Childhood Vaccine Injury Act of 1986. The information you supply will be treated confidentially, as specified by law in [Section 308\(d\)](#) of the Public Health Service Act. The Centers for Disease Control and Prevention, its contractors, and staff of State and local immunization programs who are participating in this study will use the information for statistical purposes only. We will not release any information that could identify you, your practice, your facility, the child, or the child's family. Although your participation is voluntary, we hope that you will choose to participate.



You may participate by completing the enclosed questionnaire and faxing it or mailing it in the enclosed prepaid envelope to CDC 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 Immunization Survey
National Immunization Program
Centers for Disease Control and Prevention
Box 5517
Chicago, Illinois 60680-8817
FAX: (888) 529-1772

To assist you with HIPAA record keeping, we have provided you with a Documentation Notice for HIPAA Accounting. This document should be placed in the child's records.

In developing this package, efforts have been made to consolidate multiple requests for immunization records for children in your practice. However, as the survey collects information continuously throughout the year, you may receive additional requests for immunization information on other children you serve. 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 1-800-886-4993. If you would like additional information about the National Immunization Survey, please call Ms. Marcie Cynamon at (301) 458-4174 with the Centers for Disease Control and Prevention. Your participation in the National Immunization Survey Provider Record Check Study is greatly appreciated.

Sincerely yours,

Walter A. Orenstein, M.D.
Assistant Surgeon General

6 Enclosures:
Documentation of Telephone Consent
Immunization History Questionnaire
NIS Documentation Notice for HIPAA Accounting
Frequently Asked Questions
IRB Waiver Notice
MMWR