

## Attachment L: Semi-Structured Reabstraction Telephone Protocol (2018)

Form Approved: OMB No. 0920-0278 Exp. Date: xx/xx/20xx

**Assurance of confidentiality** – We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes. NCHS staff, contractors, and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42USC 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA, Title 5 of Public Law 107-347). In accordance with CIPSEA, every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to \$250,000, or both if he or she willfully discloses ANY identifiable information about you. In addition, NCHS complies with the Federal Cybersecurity Enhancement Act of 2015. This law requires the federal government to protect federal computer networks by using computer security programs to identify cybersecurity risks like hacking, internet attacks, and other security weaknesses. If information sent through government networks triggers a cyber threat indicator, the information may be intercepted and reviewed for cyber threats by computer network experts working for, or on behalf, of the government.

**Notice** – Public reporting burden for this collection of information is estimated to average 1 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to: CDC/ATSDR Information Collection Review Office, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0278).

- **Introduction**
  - This is [new Field Representative's name]; I am a colleague of [previous Field Representative's name] at the U.S. Census Bureau. I'm calling for the Centers for Disease Control and Prevention concerning your recent participation in the National Hospital Ambulatory Medical Care Survey.
  
- **Explain why calling**
  - The CDC is conducting a small study to verify the consistency of data previously collected for NHAMCS, to validate our data collection procedures. For this study, I will visit your [emergency service area/clinic/ambulatory surgery location] to reabstract data from 10 medical records previously abstracted by [previous Field Representative's name].
  - Your participation would only involve pulling and refiling the 10 medical records that have been randomly selected for reabstraction.
  
- **Share confidentiality, informed consent, and voluntary participation information**
  - As with the original NHAMCS survey, all information which would permit identification of an individual, a practice, or an establishment will be held confidential.
  - Participation is voluntary, but will assist greatly in helping us ensure the consistency of our data collection procedures.
  
- **Set up time to reabstract**
  - Make appointment to come in and reabstract.
  
- **Thank you and closure.**
  - Verify phone number and address for followup.