Please cite OMB Control No. 9000–0091, Anti-Kickback Procedures, in all correspondence.

Dated: June 18, 2009.

**Al Matera,**

*Director, Office of Acquisition Policy.*

[FR Doc. E9–14826 Filed 6–23–09; 8:45 am]

**BILLING CODE 6820–EP–P**

## DEPARTMENT OF DEFENSE

## GENERAL SERVICES ADMINISTRATION

## NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

**[OMB Control No. 9000–0059]**

### Federal Acquisition Regulation; Information Collection; North Carolina Sales Tax Certification

**AGENCIES:** Department of Defense (DOD), General Services Administration (GSA), and National Aeronautics and Space Administration (NASA).

**ACTION:** Notice of request for comments regarding the reinstatement of a previously existing OMB clearance.

**SUMMARY:** Under the provisions of the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35), the Federal Acquisition Regulation (FAR), Regulatory Secretariat will be submitting to the Office of Management and Budget (OMB) a request to review and approve an extension of a currently approved information collection requirement concerning North Carolina Sales Tax Certification.

Public comments are particularly invited on: Whether this collection of information is necessary; whether it will have practical utility; whether our estimate of the public burden of this collection of information is accurate, and based on valid assumptions and methodology; ways to enhance the quality, utility, and clarity of the information to be collected; and ways in which we can minimize the burden of the collection of information on those who are to respond, through the use of appropriate technological collection techniques or other forms of information technology.

**DATES:** Submit comments on or before August 24, 2009.

**ADDRESSES:** Submit comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: General Services Administration, Regulatory Secretariat (VPR), 1800 F Street, NW., Room 4041, Washington, DC 20405. Please cite OMB Control No. 9000–0059, North Carolina Sales Tax Certification, in all correspondence.

**FOR FURTHER INFORMATION CONTACT:** Mr. Edward Chambers, Procurement Analyst, Contract Policy Division, GSA, (202) 501–3221.

**A. Purpose**

The North Carolina Sales and Use Tax Act authorizes counties and incorporated cities and towns to obtain each year from the Commissioner of Revenue of the State of North Carolina a refund of sales and use taxes indirectly paid on building materials, supplies, fixtures, and equipment that become a part of or are annexed to any building or structure in North Carolina. However, to substantiate a refund claim for sales or use taxes paid on purchases of building materials, supplies, fixtures, or equipment by a contractor, the Government must secure from the contractor certified statements setting forth the cost of the property purchased from each vendor and the amount of sales or use taxes paid. Similar certified statements by subcontractors must be obtained by the general contractor and furnished to the Government. The information is used as evidence to establish exemption from State and local taxes.

**B. Annual Reporting Burden**

*Respondents:* 424.
*Responses per Respondent:* 1.
*Annual Responses:* 424.
*Hours per Response:* .17.
*Total Burden Hours:* 72.
*Obtaining Copies of Proposals:* Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat (VPR), 1800 F Street, NW., Room 4041, Washington, DC 20405, telephone (202) 501–4755. Please cite OMB Control No. 9000–0059, North Carolina Sales Tax Certification, in all correspondence.

Dated: June 18, 2009.

**Al Matera,**

*Director, Office of Acquisition Policy.*

[FR Doc. E9–14805 Filed 6–23–09; 8:45 am]

**BILLING CODE 6820–EP–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the Secretary

### Findings of Research Misconduct

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

**ACTION:** Notice.

**SUMMARY:** Notice is hereby given that the Office of Research Integrity (ORI) and the Assistant Secretary for Health have taken final action in the following case:

*Jennifer Wanchick, MetroHealth System:* Based on reports submitted by MetroHealth System's inquiry and investigation committees, the Respondent's own repeated admissions, and additional analysis conducted by ORI during its oversight review, the U.S. Public Health Service (PHS) found that Ms. Jennifer Wanchick, former Research Assistant, MetroHealth System (an affiliated hospital of Case Western Reserve University), engaged in research misconduct in research supported by National Center on Minority Health and Health Disparities (NCMHD), National Institutes of Health (NIH), grant P60 MD002265.

Specifically, by her own admission, Ms. Wanchick engaged in research misconduct by fabricating information in the electronic database purportedly collected from 150 individuals about their willingness to sign up to be an organ donor at the time they obtained a driver's license. Ms. Wanchick also admitted to fabricating the information on several survey instruments. The study at issue was entitled ''Community Based Intervention to Enhance Signing of Organ Donor Cards.''

ORI acknowledges Ms. Wanchick's cooperation and assistance in completing its oversight review and resolution of this matter.

Ms. Wanchick has entered into a Voluntary Settlement Agreement in which she has voluntarily agreed, for a period of three (3) years, beginning on June 5, 2009:

(1) To exclude herself from serving in any advisory capacity to PHS, including but not limited to service on any PHS advisory committee, board, and/or peer review committee, or as a consultant; and

(2) that any institution that submits an application for PHS support for a research project on which the Respondent's participation is proposed or that uses the Respondent in any capacity on PHS-supported research, or that submits a report of PHS-funded research in which the Respondent is involved, must concurrently submit a plan for supervision of the Respondent's duties to the funding agency for approval. The supervisory plan must be designed to ensure the research integrity of the Respondent's research contribution. Respondent agrees to ensure that a copy of the supervisory plan also is submitted to ORI by the institution.

Respondent agrees that she will not participate in any PHS-supported research until such a supervisory plan is submitted to ORI.

**FOR FURTHER INFORMATION CONTACT:** Director, Division of Investigative Oversight, Office of Research Integrity, 1101 Wootton Parkway, Suite 750, Rockville, MD 20852, (240) 453–8800.

**John Dahlberg,**

*Director, Division of Investigative Oversight, Office of Research Integrity.*

[FR Doc. E9–14900 Filed 6–23–09; 8:45 am]

**BILLING CODE 4150–31–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Indian Health Service

### Request for Public Comment: 60-Day Proposed Information Collection: Indian Health Service Forms

**AGENCY:** Indian Health Service, HHS.

**ACTION:** Request for Public Comment: 60-Day Proposed Information Collection: Indian Health Service Forms to Implement the Privacy Rule (45 CFR Parts 160 & 164).

**SUMMARY:** The Indian Health Service (IHS), as part of its continuing effort to reduce paperwork and respondent burden, conducts a pre-clearance consultation program to provide the general public and Federal agencies with an opportunity to comment on proposed and/or continuing collections of information in accordance with the Paperwork Reduction Act of 1995 (PRA95) (44 U.S.C. 3506(c)(2)(A)). This program helps to ensure that requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed. Currently, the IHS is providing a 60-day advance opportunity for public comment on a proposed extension on collection of information to be submitted to the Office of Management and Budget for review.

*Proposed Collection: Title:* 0917–0030, ''IHS Forms to Implement the Privacy Rule (45 CFR Parts 160 & 164)''. *Type of Information Collection Request:* Extension, with revisions, of currently approved information collection, 0917–0030, ''IHS Forms to Implement the Privacy Rule (45 CFR Parts 160 & 164)''. *Form Number(s):* IHS–810, IHS–912–1, IHS 912–2, IHS–913 and IHS–917. *Need and Use of Information Collection:* This collection of information is made necessary by the Department of Health and Human Services Rule entitled ''Standards for Privacy of Individually Identifiable Health Information'' (''Privacy Rule'') (45 CFR Parts 160 and 164). The Privacy Rule implements the privacy requirements of the Administrative Simplification subtitle of the Health Information Portability and Accountability Act of 1996 and creates national standards to protect an individual's personal health information and gives patients increased access to their medical records. 45 CFR 164.508, 522, 526 and 528 of the Rule require the collection of information to implement these protection standards and access requirements. The IHS will use the following data collection instruments to continue the implementation of the information collection requirements contained in the Rule.

*45 CFR 164.508:* This provision requires covered entities to obtain or receive a valid authorization for its use or disclosure of protected health information for other than for treatment, payment and healthcare operations. Under the provision individuals may initiate a written authorization permitting covered entities to release their protected health information to entities of their choosing. The form IHS–810, ''Authorization for Use or Disclosure of Protected Health Information'' will be used to document an individual's authorization to use or disclose their protected health information.

*45 CFR 164.522:* Section 164.522(a)(1) requires a covered entity to permit individuals to request that the covered entity restrict the use and disclosure of their protected health information. The covered entity may or may not agree to the restriction. The form IHS–912–1, ''Request for Restriction(s)'' will be used to document an individual's request for restriction of their protected health information and whether IHS agreed or disagreed with the restriction. Section 164.522(a)(2)(1) permits a covered entity to terminate its agreement to a restriction if the individual agrees to or requests the termination in writing. The form IHS–912–2, ''Request for Revocation of Restriction(s)'' will be used to document the agency or individual request to terminate a formerly agreed to restriction regarding the use and disclosure of protected health information.

*45 CFR 164.528 and 45 CFR 5b.9(c):* This provision requires covered entities to permit individuals to request that the covered entity provide an accounting of disclosures of protected health information made by the covered entity. The form IHS–913, ''Request for an Accounting of Disclosures'' will be used to document an individual's request for an accounting of disclosures of their protected health information and the agency's handling of the request.

*45 CFR 164.526:* This provision requires covered entities to permit an individual to request that the covered entity amend protected health information. If the covered entity accepts the requested amendment, in whole or in part, the covered entity must inform the individual that the amendment is accepted and obtain the individual's identification of an agreement to have the covered entity notify the relevant persons with which the amendment needs to be shared. If the covered entity denies the requested amendment, in whole or in part, the covered entity must provide the individual with a written denial. The form IHS–917, ''Request for Correction/Amendment of Protected Health Information'' will be used to document an individual's request to amend their protected health information and the agency's decision to accept or deny the request.

Completed forms used in this collection of information are filed in the IRS medical, health and billing record, a Privacy Act System of Records Notice. *Affected Public:* Individuals and households. *Type of Respondents:* Individuals. *Burden Hours:* The table below provides the estimated burden hours for this information collection:

| 45 CFR section/IHS form | Number of respondents | Responses per respondent | Burden per response* (mins) | Total annual burden |
|---|---|---|---|---|
| 164.506, IHS–810 | 500,000 | 1 | 20 | 166,667 |
| 164.522(a)(1), IHS–912–1 | 15,000 | 1 | 10 | 2,500 |
| 164.522(a)(2), IHS–912–2 | 5,000 | 1 | 10 | 833 |
| 164.528 IHS–913 | 15,000 | 1 | 10 | 2,500 |
| 164.526, IHS–917 | 7,500 | 1 | 15 | 1,875 |