

Township 30 South, Range 27 East, Polk County, Florida. The applicant currently has neither a time frame for development, nor a specific site plan; however, development of this parcel would likely include construction of one or more structures and a parking area, and installation of associated utilities.

The applicant proposes to minimize impacts to skinks by preserving a total of 5.08 acres of skink-occupied habitat off site. The Service listed the skinks as threatened in 1987 (November 6, 1987; 52 FR 20715), effective December 7, 1987.

### Our Preliminary Determination

We have made a preliminary determination that the applicant's project, including the mitigation measures, will individually and cumulatively have a minor or negligible effect on the species covered in the HCP. Therefore, our proposed issuance of the requested ITP qualifies as a categorical exclusion under the National Environmental Policy Act (NEPA), as provided by Department of the Interior implementing regulations in part 46 of title 43 of the Code of Federal Regulations (43 CFR 46.205, 46.210, and 46.215). We base our preliminary determination that issuance of the ITP qualifies as a low-effect action on the following three criteria: (1) Implementation of the project would result in minor or negligible effects on federally listed, proposed, and candidate species and their habitats; (2) Implementation of the project would result in minor or negligible effects on other environmental values or resources; and (3) Impacts of the project, considered together with the impacts of other past, present, and reasonably foreseeable similarly situated projects, would not result, over time, in cumulative effects to environmental values or resources that would be considered significant. This preliminary determination may be revised based on our review of public comments that we receive in response to this notice.

### Next Steps

We will evaluate the HCP and comments submitted thereon to determine whether the application meets the requirements of section 10(a) of the Act. We will also evaluate whether issuance of the section 10(a)(1)(B) ITP complies with section 7 of the Act by conducting an intra-Service section 7 consultation. The results of this consultation, in combination with the above findings, will be used in the final analysis to determine whether or not to issue the

ITP. If it is determined that the requirements of the Act are met, the ITP will be issued.

### Authority

We provide this notice under Section 10 of the Endangered Species Act (16 U.S.C. 1531 *et seq.*) and NEPA regulations (40 CFR 1506.6).

Dated: March 14, 2016.

**Roxanna Hinzman,**

*Field Supervisor, South Florida Ecological Services Office.*

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**BILLING CODE 4333-15-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Indian Health Service

#### Request for Public Comment: 30-Day Information Collection: Indian Health Service Forms To Implement the Privacy Rule

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

**ACTION:** Notice and request for comments. Request for extension of approval.

**SUMMARY:** In compliance with the Paperwork Reduction Act of 1995, the Indian Health Service (IHS) invites the general public to comment on the information collection titled, "IHS Forms to Implement the Privacy Rule (45 CFR parts 160 and 164)," Office of Management and Budget (OMB) Control Number 0917-0030.

**DATES:** *Comment Due Date:* April 21, 2016. Your comments regarding this information collection are best assured of having full effect if received within 30 days of the date of this publication.

**ADDRESSES:** Send your comments and suggestions regarding the proposed information collection contained in this notice, especially regarding the estimated public burden and associated response time to: Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, DC 20503, Attention: Desk Officer for IHS.

To request more information on the proposed collection, or to obtain a copy of the data collection instruments and/or instruction(s), contact Tamara Clay by one of the following methods:

- **Mail:** Tamara Clay, Information Collection Clearance Officer, Indian Health Service, Office of Management Services, Division of Regulatory Affairs, 5600 Fishers Lane, Mail Stop 09E70, Rockville, MD 20857.

- **Phone:** 301-443-4750.

- **Email:** [tamara.clay@ihs.gov](mailto:tamara.clay@ihs.gov).

- **Fax:** 301-443-2316.

**SUPPLEMENTARY INFORMATION:** This previously approved information collection project was last published in the **Federal Register** (81 FR 3806) on January 22, 2016, and allowed 60 days for public comment. No public comment was received in response to the notice. This notice announces our intent to submit the collection, which expires April 30, 2016, to OMB for approval of an extension, and to solicit comments on specific aspects of the information collection. The purpose of this notice is to allow 30 days for public comment to be submitted directly to OMB. A copy of the supporting statement is available at [www.regulations.gov](http://www.regulations.gov) (see Docket ID IHS-2016-1).

**Title of Collection:** 0917-0030, IHS Forms to Implement the Privacy Rule (45 CFR parts 160 and 164). **Type of Information Collection Request:** Extension of the currently approved information collection, 0917-0030, IHS Forms to Implement the Privacy Rule (45 CFR parts 160 and 164). **Form(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 Insurance Portability and Accountability Act of 1996, creates national standards to protect individual's personal health information, and gives patients increased access to their medical records. 45 CFR 164.508, 164.522, 164.526 and 164.528 of the Rule require the collection of information to implement these protection standards and access requirements. The IHS will continue to use the following data collection instruments to meet 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 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” is 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 Restrictions(s)” is 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) 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)” is 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” is 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. 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 IHS 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 for this information collection: Types of data collection instruments, estimated number of respondents, number of responses per respondent, average burden hour per response, and total annual burden hour(s).

| Data collection instrument  | Number of respondents | Number of responses per respondent | Average burden hour per response* | Total annual burden hours |
|---|-----------------------|------------------------------------|-----------------------------------|---------------------------|
| Authorization for Use or Disclosure of Protected Health Information (OMB Form No. 0917-0030, IHS-810) ..... | 210,954               | 1                                  | 10/60                             | 35,159                    |
| Request for Restriction(s) (OMB Form No. 0917-0030, IHS-912-1) .....  | 214                   | 1                                  | 10/60                             | 36                        |
| Request for Revocation of Restriction(s) (OMB Form No. 0917-0030, IHS-912-2) .....                          | 3                     | 1                                  | 10/60                             | .5                        |
| Request for Accounting of Disclosures (OMB Form No. 0917-0030, IHS-913) .....                               | 39                    | 1                                  | 10/60                             | 6.5                       |
| Request for Correction/Amendment of Protected Health Information (OMB Form No. 0917-0030, IHS-917) .....    | 54                    | 1                                  | 10/60                             | 9                         |
| <b>Total Annual Burden</b> .....  | <b>211,264</b>        |                                    |                                   | <b>35,211</b>             |

\* For ease of understanding, burden hours are provided in actual minutes.

The total estimated burden for this collection of information is 35,211 hours.

There are no capital costs, operating costs and/or maintenance costs to respondents.

*Requests for Comments:* Your written comments and/or suggestions are invited on one or more of the following points:

(a) Whether the information collection activity is necessary to carry out an agency function;

(b) whether the agency processes the information collected in a useful and timely fashion;

(c) the accuracy of the public burden estimate (the estimated amount of time needed for individual respondents to provide the requested information);

(d) whether the methodology and assumptions used to determine the estimates are logical;

(e) ways to enhance the quality, utility, and clarity of the information being collected; and

(f) ways to minimize the public burden through the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Dated: March 10, 2016.

**Mary Smith,**

*Principal Deputy Director, Indian Health Service.*

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**BILLING CODE 4165-16-P**

## DEPARTMENT OF THE INTERIOR

### Bureau of Land Management

**[LLOR957000-L14400000-BJ0000-16XL1109AF: HAG 16-0101]**

### Filing of Plats of Survey: Oregon/ Washington

**AGENCY:** Bureau of Land Management, Interior.

**ACTION:** Notice.

**SUMMARY:** The plats of survey of the following described lands are scheduled to be officially filed in the Bureau of Land Management, Oregon State Office, Portland, Oregon, 30 days from the date of this publication.

### Willamette Meridian

Oregon

T. 16 S., R. 2 E., accepted March 14, 2016.

Washington

Tps. 33 and 34 N., R. 2 E., accepted March 8, 2016.

**ADDRESSES:** A copy of the plats may be obtained from the Public Room at the Bureau of Land Management, Oregon State Office, 1220 SW. 3rd Avenue, Portland, Oregon 97204, upon required payment.

**FOR FURTHER INFORMATION CONTACT:** Kyle Hensley, (503) 808-6132, Branch of Geographic Sciences, Bureau of Land Management, 1220 SW. 3rd Avenue, Portland, Oregon 97204. Persons who use a telecommunications device for the deaf (TDD) may call the Federal