

The University of Texas at Arlington  
School of Nursing

**Application for Professional Nurse Traineeship Grant**

Applications are based on the availability of funds with priority given to economically dis-advantaged and minority students. Application must be completed each semester you desire support.

Fall \_\_\_\_\_ Spring \_\_\_\_\_ 11 Week Summer session \_\_\_\_\_

Name: \_\_\_\_\_ Student ID#: 1000 - - SS#: / /

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of hours enrolled: \_\_\_\_\_ Major Area of Study: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Race: \_\_\_\_\_ US Citizen: \_\_\_\_\_ Veteran: \_\_\_\_\_

Employment Status:	Out of State?	Applying for a GTA or GRA?	Qualify for Financial Aid Through the Financial Aid Office
_____ Full-time	_____ Yes	_____ Yes	_____ Yes
_____ Part-time	_____ No	_____ No	_____ No
_____ Unemployed			

Please provide a statement of your financial need.

**CERTIFICATION** *(In the event I am awarded support, I hereby certify that:)*

- 1) I am enrolled full-time (9 SCH) and only working part-time (20 hours or less)
- 2) If my enrollment status changes from full-time to part-time due to dropping a course, I have until the end of the semester to pay back the grant monies I received for the semester.
- 3) I know I must maintain a 3.0 GPA.
- 4) I am a US Citizen or foreign national who possess a green card.
- 5) I will consent to provide DHHS data regarding professional activity for 3 years following graduation.
- 6) I know this is taxable income.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

<p><b>Department of Health and Human Services</b> <b>Public Health Services</b> <b>Statement of Training Appointment</b> <i>(Please Type)</i></p>	<p><b>Follow attached instructions carefully.</b> Submit this form at the time the individual is appointed, is reappointed, or the reported appointment is amended. Return this form to the PHS awarding component. For new postdoctoral trainees under NRSA, signed and dated payback agreement <b>must</b> accompany this form.</p>
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1. PHS GRANT NUMBER			2. TRAINEE'S NAME <i>(Last, first, initial)</i>		3. SEX	
Type	Activity	ID Serial No.			<input type="checkbox"/> M <input type="checkbox"/> F	
4. TYPE OF ACTION <i>(Mark X for only one type)</i>			5. PRIOR SUPPORT <i>(Individual or institutional)</i>			
<input type="checkbox"/> NEW appointment (NOT previously supported by this grant) <input type="checkbox"/> REAPPOINTMENT (Previously supported by this grant) <input type="checkbox"/> AMENDMENT of items checked: <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 13 <input type="checkbox"/> 18			<input type="checkbox"/> NO <input type="checkbox"/> YES (If "Yes," see instructions)			
6. SOCIAL SECURITY NO.		7. BIRTHDATE <i>(Month, day, year)</i>		8. CITIZENSHIP <i>(See instructions)</i>		
				<input type="checkbox"/> U.S. Citizen or U.S. Noncitizen National <input type="checkbox"/> Permanent Resident of U.S.		
9. PERMANENT MAILING ADDRESS			10. Are you Hispanic (or Latino)? <i>Mark (X)</i>			
e-mail:			<input type="checkbox"/> YES <input type="checkbox"/> NO			
12. FIELD OF TRAINING			11. What is your racial background? <i>Mark (X) one or more</i>			
Enter a 4 digit code from instructions: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White			
13. PERIOD OF APPOINTMENT <i>(Month, day, year)</i>						

14. EDUCATION – AFTER HIGH SCHOOL <i>(Indicate all academic and professional education. For foreign degrees, give U.S. equivalent.)</i>						
(a) Name of Institution, Department and Location <i>(List most recent first.)</i>	(b) Month and Year Attended		(c) Degree(s) Received		(d) Major Field	(e) Minor Field
	From	To	Degree	Mo./Yr.		

15. NAME OF SPECIALTY BOARDS		18. SUPPORT FOR PERIOD OF APPOINTMENT	
		Type	Total for this Grant <i>(Omit cents.)</i>
16. DEGREE(S) SOUGHT		Stipend	\$
Are you in a double degree program (e.g., M.D./Ph.D.)? <input type="checkbox"/> YES <input type="checkbox"/> NO		Tuition/fees <i>(estimated)</i>	\$
17. COMPLETION DATE		Travel <i>(estimated)</i>	\$
		TOTAL	\$

19. STATEMENT OF NONDELINQUENCY ON FEDERAL DEBT. Is the trainee delinquent on the repayment of any Federal debt(s)?  
 NO  YES *(If "Yes," please explain below. Use additional pages if necessary.)*

20. CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true and complete to the best of my knowledge and that I will comply with all applicable Public Health Service terms and conditions governing my appointment. I am aware that any false, fictitious or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.	(a) SIGNATURE OF TRAINEE	(b) DATE
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21. This individual is qualified for this program and is eligible to receive financial support for the period specified above. A copy of this appointment form will be given to the individual.	(a) SIGNATURE OF PROGRAM DIRECTOR	(b) DATE
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(a) TYPED NAME OF PROGRAM DIRECTOR		(b) INSTITUTION'S NAME, ADDRESS, AND PHONE NO. <i>(Street, city, state, zip code)</i>	
(c) SCHOOL	(d) DEPARTMENT		

**U.S. Department of Health and Human Services  
Public Health Service**

**Information and Instructions for Completing  
Statement of Appointment (Form PHS 2271)**

The PHS estimates that it will take 15 minutes to complete this form. This includes time for reviewing the instructions, gathering needed information, and completing and reviewing the form. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. If you have comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, send comments to: NIH, Project Clearance Office, 6705 Rockledge Drive MSC 7974, Bethesda, MD 20592-7974, ATTN: PRA (0925-0001). **Do not return the completed form to this address.**

## **I. INTRODUCTION**

Please read carefully the following instructions, including the Privacy Act statement at the end of these instructions, for use and submission of Form PHS 2271.

All items on the form must be completed unless otherwise indicated in these instructions. Items not found in these instructions are considered self-explanatory.

## **II. GENERAL INSTRUCTIONS**

### **A. Application**

A "Statement of Appointment" form covers the support of an individual from a particular budget period and is required for each new appointment, reappointment, or amended appointment of an individual receiving stipend, tuition costs, or travel expenses as a trainee

under a PHS institutional training grant or salary as an appointee under a career development program award in which the institution selects and appoints the individual. The form (which is signed by both the individual and the Program Director) must be completed and submitted to PHS at the time the individual starts the appointment or reappointment, or, in the case of an amendment, as soon as the change occurs.

For new postdoctoral trainees appointed under National Research Service Award Institutional Grants, a signed and dated payback agreement must be submitted with this appointment form before a stipend or other allowance may be paid.

### **B. Submission**

The original should be sent to the awarding component. A copy should also be given to the trainee, the Program Director, and Business Official.

## **III. ITEM-BY-ITEM INSTRUCTIONS**

**Item 1. PHS Grant Number.** Insert the entire PHS Grant Number as shown on the particular Notice of Grant Award from which funds are provided, e.g., 5 T32 GM12453-03.

(Type: 5; Activity Code: T32; ID Serial Number: GM12453-03).

**Item 2. Trainee's Name.** Include maiden name or other names in parentheses where applicable.

**Item 3. Sex.** Self-explanatory.

**Item 4. Type of Action.** Reappointment: When an individual was supported during a previous budget period under this grant, the appointment covered by this form is a reappointment. Skip the shaded items if they have not changed from the information provided in the form submitted during the earlier budget period. Always complete the non-shaded items.

Amendment: "Amendment" pertains only to a change of item 2 (Name); 9 (Permanent Mailing Address); 13 (Appointment Period); or 18 (Support from this Grant) during a period of appointment for which a "Statement of Appointment" form has already been submitted. Amendments must be submitted as soon as the change occurs.

Complete only items 1, 2, 4, 6, 20, 21, and the item(s) to be amended.

**Item 5. Prior Support.** Individuals being appointed under a National Research Service Award (NRSA) Institutional Grant for the first time or being reappointed after a break in support must indicate if they have received prior NRSA support from either an individual award or institutional grant. If yes, specify on the form the dates of support, the level (pre- or post-), the mechanism (individual award or institutional grant), and the grant number, if known. (See the Program Guidelines for limitations on total period of support.)

Individuals being appointed under other authorities are requested to supply similar information for PHS program evaluation purposes.

**Item 6. Social Security Number.** See Privacy Act Statement at the end of these instructions concerning this request.

**Item 7. Birthdate.** Self-explanatory.

**Item 8. Citizenship.** The named individual must be a citizen or noncitizen national of the United States or have been lawfully admitted for permanent residence at the time of appointment. A noncitizen national is a person who, although not a citizen of the United States, owes permanent allegiance to the

United States. They are generally persons born in lands which are not States, but which are under U.S. sovereignty, jurisdiction, or administration (e.g., American Samoa). Individuals on temporary or student visas are not eligible.

**Permanent Resident:** A notary's signed statement must be submitted with this appointment form certifying that (1) the appointee has an Alien Registration Receipt Card (1-151 or 1-551, see line 26, page 4) or (2) the appointee is in possession of other legal verification of such status. No statement is required for citizens or noncitizen nationals.

**Item 9. Permanent Mailing Address.** Give an address where the appointed individual can be reached by mail after completion of the program. (Do not give present address unless it is considered permanent as defined above.)

**Item 10-11. Race/Ethnicity.** The Federal Government has a continuing commitment to monitor appointments made to training grants and other awards. This information will be used to identify inequities in terms of recruitment and retention based on race and/or ethnicity.

This information will also be used to provide statistical information on the participation of individuals from the indicated racial/ethnic groups in PHS programs. Racial/ethnic data is encrypted and all analyses conducted on the data will report aggregate statistical findings only and will not identify individuals.

Information from this form will be retained by the PHS as an integral part of its Privacy Act Systems of Records in accordance with and protected by the Privacy Act of 1974. These are confidential files accessible only to appropriate PHS personnel and will be treated as confidential to the extent permitted by law. (See Privacy Act Statement at the end of these instructions concerning this request.)

If you decline to provide this information, it will in no way affect your appointment. Any individual not wishing to volunteer the information should leave item 10 and/or item 11 blank.

**10. Are you Hispanic (or Latino)? Mark (X)**

**Definition:** Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino".

**11. What is your racial background?  
Mark (X) one or more.**

**Definitions:**

**American Indian or Alaska Native.** A person having origins in any of the original peoples of North, Central, or South America and maintains tribal affiliation or community.

**Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

**Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Item 12. Field of Training (FOT).** In the blank for item 12 write a numeric FOT code (one only please) from the list below that best fits the training appointment. Use the subcode (nonbold lowercase) unless the broader category (bold uppercase) fits best.

**1000 I. Predominantly Non-Clinical  
or Lab-Based Research  
Training**

**1100 BIOCHEMISTRY**

- 1110 Biological Chemistry
- 1120 Bioenergetics
- 1130 Enzymology
- 1140 Metabolism

**1200 BIOENGINEERING**

- 1210 Bioelectric/Biomagnetic
- 1220 Biomaterials
- 1230 Biomechanical Engineering
- 1240 Imaging
- 1250 Instrumentation and Devices
- 1260 Mathematical Modeling
- 1270 Medical Implant Science
- 1280 Nanotechnology
- 1290 Rehabilitation Engineering
- 1310 Tissue Engineering

**1400 BIOPHYSICS**

- 1410 Kinetics
- 1420 Spectroscopy
- 1430 Structural Biology
- 1440 Theoretical Biophysics

**1500 BIOTECHNOLOGY**

- 1510 Applied Molecular Biology
- 1520 Bioprocessing and Fermentation
- 1530 Metabolic Engineering

**1600 CELL AND DEVELOPMENTAL  
BIOLOGY**

- 1610 Cell Biology

- 1620 Developmental Biology

**1700 CHEMISTRY**

- 1710 Analytical Chemistry
- 1720 Bioinorganic Chemistry
- 1730 Bioorganic Chemistry
- 1740 Biophysical Chemistry
- 1750 Medicinal Chemistry
- 1760 Physical Chemistry
- 1770 Synthetic Chemistry

**1900 ENVIRONMENTAL SCIENCES**

**2000 GENETICS**

- 2010 Behavioral Genetics
- 2020 Developmental Genetics
- 2030 Genetic Epidemiology
- 2040 Genetics of Aging
- 2050 Genomics
- 2060 Human Genetics
- 2070 Molecular Genetics
- 2080 Population Genetics

**2200 IMMUNOLOGY**

- 2210 Asthma and Allergic Mechanisms
- 2220 Autoimmunity
- 2230 Immunodeficiency
- 2240 Immunogenetics
- 2250 Immunopathology
- 2260 Immunoregulation
- 2270 Inflammation
- 2280 Structural Immunology
- 2290 Transplantation Biology
- 2310 Vaccine Development

**2400 MICROBIOLOGY AND**

**INFECTIOUS DISEASES**

- 2410 Bacteriology
- 2420 Etiology
- 2430 HIV/AIDS
- 2440 Mycology
- 2450 Parasitology
- 2460 Pathogenesis of Infectious Diseases
- 2470 Virology

**2600 MOLECULAR BIOLOGY**

**2800 NEUROSCIENCE**

- 2810 Behavioral Neuroscience
- 2820 Cellular neuroscience
- 2830 Cognitive neuroscience
- 2840 Communication Neuroscience
- 2850 Computational Neuroscience
- 2860 Developmental Neuroscience
- 2870 Molecular Neuroscience
- 2880 Neurochemistry
- 2890 Neurodegeneration
- 2910 Neuropharmacology
- 2920 Systems/Integrative Neuroscience

**3100 NUTRITIONAL SCIENCES**

**3200 PHARMACOLOGY**

- 3210 Molecular Pharmacology
- 3220 Pharmacodynamics
- 3230 Pharmacogenetics
- 3240 Toxicology

**3300 PHYSIOLOGY**

- 3310 Aging

3320 Anesthesiology (basic science)  
 3330 Endocrinology (basic science)  
 3340 Exercise Physiology (basic science)  
 3350 Integrative Biology  
 3360 Molecular Medicine  
 3370 Physiological Optics  
 3380 Reproductive Physiology

**3500 PLANT BIOLOGY**

**3600 PSYCHOLOGY, NON-CLINICAL**  
 3610 Behavioral Communication Sciences  
 3620 Behavioral Medicine (non-clinical)  
 3630 Cognitive Psychology  
 3640 Developmental and Child Psychology  
 3650 Experimental & General Psychology  
 3660 Mind-Body Studies  
 3680 Neuropsychology  
 3690 Personality and Emotion  
 3710 Physiological Psychology & Psychobiology  
 3720 Psychology of Aging  
 3730 Psychometrics  
 3740 Psychophysics  
 3750 Social Psychology

**3900 PUBLIC HEALTH**  
 3910 Disease Prevention and Control  
 3920 Epidemiology  
 3930 Health Economics  
 3940 Health Education  
 3950 Health Policy Research  
 3960 Health Services Research  
 3970 Occupational and Environmental Health

**4100 RADIATION, NON-CLINICAL**  
 4110 Nuclear Chemistry  
 4120 Radiation Physics  
 4130 Radiobiology

**4200 SOCIAL SCIENCES**

4210 Anthropology  
 4220 Bioethics  
 4230 Demography & Population Studies  
 4240 Economics  
 4250 Education  
 4260 Language and Linguistics  
 4270 Sociology

**4400 STATISTICS AND/OR RESEARCH METHODS AND/OR INFORMATICS**  
 4410 Biostatistics and/or Biometry  
 4420 Bioinformatics  
 4430 Computational Science  
 4440 Information Science  
 4450 Clinical Trials Methodology

**4600 TRAUMA, NON CLINICAL**

**6000 II. Predominantly Clinical Research Training (can include any degree)**

**6100 ALLIED HEALTH**  
 6110 Audiology  
 6120 Community Psychology  
 6130 Exercise Physiology (clinical)  
 6140 Medical Genetics  
 6150 Occupational Health  
 6160 Palliative Care  
 6170 Physical Therapy  
 6180 Pharmacy  
 6190 Social Work  
 6210 Speech-language Pathology  
 6211 Rehabilitation

**6400 CLINICAL DENTISTRY**

**6500 MEDICAL DISCIPLINES**  
 6510 Allergy  
 6520 Anesthesiology  
 6530 Behavioral Medicine (clinical)  
 6540 Cardiovascular Diseases  
 6550 Clinical Laboratory Medicine  
 6560 Clinical Nutrition

6570 Clinical Pharmacology  
 6580 Complementary and Alternative Medicine  
 6590 Clinical Psychology  
 6610 Connective Tissue Diseases  
 6620 Dermatology  
 6630 Diabetes  
 6640 Gastroenterology  
 6650 Endocrinology  
 6660 Immunology  
 6670 Gene Therapy (clinical)  
 6680 Geriatrics  
 6690 Hematology  
 6710 HIV/AIDS  
 6820 Infectious Diseases  
 6830 Liver Diseases  
 6840 Metabolic Diseases  
 6850 Nephrology  
 6860 Neurology  
 6870 Ophthalmology  
 6880 Nuclear Medicine  
 6890 OB-GYN  
 6910 Oncology  
 6920 Orthopedics  
 6930 Otorhinolaryngology  
 6940 Preventive Medicine  
 6950 Radiation, Interventional  
 6960 Pulmonary Diseases  
 6970 Radiology, Diagnostic  
 6980 Rehabilitation Medicine  
 6990 Psychiatry  
 7110 Surgery  
 7120 Trauma  
 7130 Urology

**7300 PEDIATRIC DISCIPLINES**  
 7310 Pediatric Endocrinology  
 7320 Pediatric Hematology  
 7330 Pediatric Oncology  
 7340 Pediatric, Prematurity & Newborn

**7500 NURSING**

**7700 VETERINARY MEDICINE**

**Item 13. Period of this Appointment.** The period shown in most cases will be 12 months. Appointment periods may exceed 12 months in rare cases and only with prior approval from the PHS. The amount of the stipend/salary and tuition for each full period of appointment must be obligated from funds available at the time the appointment begins, unless other arrangements have been made with PHS.

Other instructions should be requested where institutional accounting practice precludes obligations of stipend/salary and tuition in the amount required for the full appointment period.

**Item 14. Self-explanatory.**

**Item 15. Specialty Boards.** If not applicable, indicate N/A.

**Items 16-17.** Provide the degree sought under the NRSA award. Indicate whether you are in a double degree program (e.g., M.D./Ph.D.).

Include the date that all degree requirements will be completed.

**Item 18. Support for Period of Appointment.** Indicate the total amounts you expect to receive from the grant during the appointment period.

**Item 19. Statement of Nondelinquency on Federal Debt.** A “Statement of Nondelinquency on Federal Debt” is required for each particular appointment period and is to be completed by each individual (trainee) appointed to receive financial support under a Public Health Service (PHS) institutional training grant.

If the prospective trainee is delinquent on Federal debt, the PHS must review the explanation required to be provided on, or attached to, the form. In such case the PHS shall (a) take such information into account when determining whether the prospective trainee is responsible with respect to that appointment, and (b) consider not approving the appointment until payment is made or satisfactory arrangements are made with the agency to whom the debt is owed.

Therefore, it may be necessary for the PHS to contact the prospective trainee before the appointment can be approved to confirm the status of the debt and ascertain the payment arrangements for its liquidation. Individuals failing to liquidate indebtedness to the Federal Government in a businesslike manner place themselves at risk of not receiving PHS financial assistance.

The PHS awarding component shall notify the sponsoring institution in writing of its decision regarding the approval of a prospective appointee where this form discloses delinquency on Federal debt.

The trainee must check the appropriate box. If the “Yes” box is checked, please provide an explanation in the space provided. The

question applies only to the person requesting financial assistance, and does not apply to the person who signs the form as the Program Director.

Examples of Federal Debt include delinquent taxes, audit disallowances, guaranteed or direct student loans, FHA loans, business loans, and other miscellaneous administrative debts. For purposes of this certification, the following definitions of “delinquency” apply:

- For direct loans and fellowships (whether awarded directly to the applicant by the Federal Government or by an institution using Federal funds), a debt more than 31 days past due on a scheduled financial payment. (This definition excludes service” payback under a National Research Service Award.)
- For guaranteed and insured loans, recipients of a loan guaranteed by the Federal Government that the Federal Government has repurchased from a lender because the borrower breached the loan agreement and is in default.
- For grants, organizations in receipt of a “Notice of Grants Cost Disallowance” which have not repaid the disallowed amount or which have not resolved the disallowance. (This definition excludes disallowance in an “appeal” status.)

**Item 20. Certification and Signature of Trainee.** Self-explanatory.

**Item 21. Certification, Signature, and Address of Program Director.** Self-explanatory.

## Privacy Act Statement

The PHS maintains application and grant records as part of a system of records as defined by the Privacy Act: 09-25-0112, Grants and Cooperative Agreements: Research, Research Training, Fellowship, and Construction Applications and Related Awards.” The Privacy Act of 1974 (5 USC 522a) allows disclosures for “routine uses” and permissible disclosures.

Some routine uses may be:

1. To the cognizant audit agency for auditing.
2. To a Congressional office from a record of an individual in response to an inquiry from the Congressional office made at the request of that individual.
3. To qualified experts, not within the definition of DHHS employees as prescribed in DHHS regulations (45 CFR 5b.2) for opinions as part of the application review process.
4. To a Federal agency, in response to its request, in connection with the letting of a contract or the issuance of a license, grant, or other benefit by the requesting agency, to the extent that the record is relevant and necessary to the requesting agency’s decision on the matter;
5. To organizations in the private sector with whom PHS has contracted for the purpose of collating, analyzing, aggregating, or otherwise refining records in a system. Relevant records will be disclosed to such a contractor, who will be required to maintain Privacy Act safeguards with respect to such records.
6. To the sponsoring organization in connection with the review of an application or performance or administration under the terms and conditions of the award, or in connection with problems that might arise in performance or administration if an award is made.
7. To the Department of Justice, to a court or other tribunal, or to another party before such tribunal, when one of the following is a party to litigation or has any interest in such litigation, and the DHHS determines that the use of such records by the Department of Justice, the tribunal, or the other party is relevant and necessary to the litigation and would help in the effective representation of the governmental party.
  - a. the DHHS, or any component thereof;
  - b. any DHHS employee in his or her official capacity;
  - c. any DHHS employee in his or her individual capacity where the Department of Justice (or

the DHHS, where it is authorized to do so) has agreed to represent the employee; or

- d. the United States or any agency thereof; where the DHHS determines that the litigation is likely to affect the DHHS or any of its components.
8. A record may also be disclosed for a research purpose, when the DHHS:
- a. has determined that the use or disclosure does not violate legal or policy limitations under which the record was provided, collected, or obtained;
  - b. has determined that the research purpose (1) cannot be reasonably accomplished unless the record is provided in individually identifiable form, and (2) warrants the risk to the privacy of the individual that additional exposure of the record might bring;
  - c. has secured a written statement attesting to the recipient’s understanding of; and willingness to abide by, these provisions; and
  - d. has required the recipient to:
    - (1) establish reasonable administrative, technical, and physical safeguards to prevent unauthorized use or disclosure of the record;
    - (2) destroy the information that identifies the individual at the earliest time at which removal or destruction can be accomplished consistent with the purpose of the research project, unless the recipient has presented adequate justification of a research or health nature for retaining such information; and
    - (3) make no further use or disclosure of the record, except (a) in emergency circumstances affecting the health or safety of any individual, (b) for use in another research project, under these same conditions, and with written authorization of the DHHS, (c) for disclosure to a properly identified person for the purpose of an audit related to the research project, if information that would enable research subjects to be identified is removed or destroyed at the earliest opportunity consistent with the purpose of the audit, or (d) when required by law.

The Privacy Act also authorizes discretionary disclosures where determined appropriate by the PHS, including to law enforcement agencies, to the Congress acting within its legislative authority, to the Bureau of the Census, to the National Archives, to the General Accounting Office, pursuant to a court order, or as required to be disclosed by the Freedom of Information Act of 1974(5 USC 552) and the associated DHHS regulations (45 CFR Part 5).