

BIENNIAL AGENCY REPORT

INSTRUCTIONS

The Identifying Information Law requires City agencies to submit comprehensive biennial agency reports related to their collection, retention, and disclosure of identifying information and their privacy protection practices.

To complete the 2024 biennial agency report:

- Review Form 2s (APO Designation of Collection and Disclosures as “Routine”) made since the 2022 compliance cycle;
- Review Form 5s (Agency Privacy Officer Approval of Collections and Disclosures on a “Non-Routine” Basis) made since the 2022 compliance cycle;
- Use Forms 2 & 5 to complete Worksheet 1 for all new and existing **collections** between 2022-2024;
- Use Forms 2 & 5 to complete Worksheet 2 for all new and existing **disclosures** between 2022-2024.
- Complete the Biennial Agency Workbook;
- Submit the biennial agency report by **July 31, 2024**.

Submit the biennial agency report to:

- Mayor at MOReports@cityhall.nyc.gov
- City Council Speaker at reports@council.nyc.gov
- Chief Privacy Officer and the Citywide Privacy Protection Committee at oip@oti.nyc.gov
- Department of Records and Information Services (DORIS) online submission portal at <https://a860-gpp.nyc.gov>

THIS REPORT IS PUBLIC. PREPARERS SHOULD CONSULT AGENCY COUNSEL OR THE CHIEF PRIVACY OFFICER TO ENSURE THE RESPONSES ARE PROVIDED ACCORDING TO APPLICABLE LAW AND CITY POLICY.

VERSION CONTROL

Version	Description of Change	Approver	Date
4.0	New design for ease of use and technological enhancements, and miscellaneous clarifying revisions.	Michael Fitzpatrick Chief Privacy Officer, City of New York	April 2024
3.0	Updated completion date; miscellaneous clarifying revisions.	Aaron Friedman Principal Senior Counsel Office of Information Privacy	April 2022
2.0	Updated completion date; miscellaneous clarifying revisions.	Laura Negrón Chief Privacy Officer, City of New York	April 2020
1.0	First Version	Laura Negrón Chief Privacy Officer, City of New York	April 2018

Page Intentionally Blank

**BIENNIAL AGENCY REPORT
(Due on or before July 31, 2024)**

1. Agency: Department of Health and Mental Hygiene

2. APO Contact Details

- a. Name: Nicholas Elcock
- b. Title: Privacy Officer
- c. Email: nelcock@health.nyc.gov
- d. Telephone: 917.654.1279

COLLECTIONS

3. How many collections does the agency have to describe?

11

4. **COLLECTIONS.** Upload worksheet 1.



- Proceed to the next page -

5. For all **collections**, select the types of identifying information collected (check all that apply). See [Citywide Privacy Protection Policies and Protocols § 3.1](#).

<input type="checkbox"/> Name <input type="checkbox"/> Social security number (full or last 4 digits)* <input type="checkbox"/> Taxpayer ID number (full or last 4 digits)*	<u>Work-Related Information</u> <input type="checkbox"/> Employer information <input type="checkbox"/> Employment address
<u>Biometric Information</u> <input type="checkbox"/> Fingerprints <input type="checkbox"/> Photographs <input type="checkbox"/> Palm and handprints* <input type="checkbox"/> Retina and iris patterns* <input type="checkbox"/> Facial geometry* <input type="checkbox"/> Gait or movement patterns* <input type="checkbox"/> Voiceprints* <input type="checkbox"/> DNA sequences* <input type="checkbox"/> Height <input type="checkbox"/> Weight	<u>Government Program Information</u> <input type="checkbox"/> Any scheduled appointments with any employee, contractor, or subcontractor <input type="checkbox"/> Any scheduled court appearances <input type="checkbox"/> Eligibility for or receipt of public assistance or City services <input type="checkbox"/> Income tax information <input type="checkbox"/> Motor vehicle information
<u>Contact Information</u> <input type="checkbox"/> Current and/or previous home address <input type="checkbox"/> Email address <input type="checkbox"/> Phone number	<u>Law Enforcement Information</u> <input type="checkbox"/> Arrest record or criminal conviction <input type="checkbox"/> Date and/or time of release from custody of ACS, DOCS, or NYPD <input type="checkbox"/> Information obtained from any surveillance system operated by, for the benefit of, or at the direction of the NYPD
<u>Demographic Information</u> <input type="checkbox"/> Country of origin <input type="checkbox"/> Date of birth* <input type="checkbox"/> Gender identity <input type="checkbox"/> Languages spoken <input type="checkbox"/> Marital or partnership status <input type="checkbox"/> Nationality <input type="checkbox"/> Race <input type="checkbox"/> Religion <input type="checkbox"/> Sexual orientation	<u>Technology-Related Information</u> <input type="checkbox"/> Device identifier including media access control (MAC) address or Internet mobile equipment identity (IMEI)* <input type="checkbox"/> GPS-based location obtained or derived from a device that can be used to track or locate an individual* <input type="checkbox"/> Internet protocol (IP) address* <input type="checkbox"/> Social media account information
<u>Status information</u> <input type="checkbox"/> Citizenship or immigration status <input type="checkbox"/> Employment status <input type="checkbox"/> Status as a victim of domestic violence or sexual assault <input type="checkbox"/> Status as crime victim or witness	
<u>Other Types of Identifying Information</u> (list below): 	
*Type of identifying information designated by the CPO (see CPO Policies & Protocols, §3.1.1).	

DISCLOSURES

6. How many disclosures does the agency have to describe?

14

7. **DISCLOSURES.** Upload worksheet 2.



- Proceed to the next page -

8. For all **disclosures**, select the types of identifying information disclosed (check all that apply).

See [Citywide Privacy Protection Policies and Protocols § 3.1](#).

<input type="checkbox"/> Name <input type="checkbox"/> Social security number (full or last 4 digits)* <input type="checkbox"/> Taxpayer ID number (full or last 4 digits)*	<u>Work-Related Information</u> <input type="checkbox"/> Employer information <input type="checkbox"/> Employment address
<u>Biometric Information</u> <input type="checkbox"/> Fingerprints <input type="checkbox"/> Photographs <input type="checkbox"/> Palm and handprints* <input type="checkbox"/> Retina and iris patterns* <input type="checkbox"/> Facial geometry* <input type="checkbox"/> Gait or movement patterns* <input type="checkbox"/> Voiceprints* <input type="checkbox"/> DNA sequences* <input type="checkbox"/> Height <input type="checkbox"/> Weight	<u>Government Program Information</u> <input type="checkbox"/> Any scheduled appointments with any employee, contractor, or subcontractor <input type="checkbox"/> Any scheduled court appearances <input type="checkbox"/> Eligibility for or receipt of public assistance or City services <input type="checkbox"/> Income tax information <input type="checkbox"/> Motor vehicle information
<u>Contact Information</u> <input type="checkbox"/> Current and/or previous home address <input type="checkbox"/> Email address <input type="checkbox"/> Phone number	<u>Law Enforcement Information</u> <input type="checkbox"/> Arrest record or criminal conviction <input type="checkbox"/> Date and/or time of release from custody of ACS, DOCS, or NYPD <input type="checkbox"/> Information obtained from any surveillance system operated by, for the benefit of, or at the direction of the NYPD
<u>Demographic Information</u> <input type="checkbox"/> Country of origin <input type="checkbox"/> Date of birth* <input type="checkbox"/> Gender identity <input type="checkbox"/> Languages spoken <input type="checkbox"/> Marital or partnership status <input type="checkbox"/> Nationality <input type="checkbox"/> Race <input type="checkbox"/> Religion <input type="checkbox"/> Sexual orientation	<u>Technology-Related Information</u> <input type="checkbox"/> Device identifier including media access control (MAC) address or Internet mobile equipment identity (IMEI)* <input type="checkbox"/> GPS-based location obtained or derived from a device that can be used to track or locate an individual* <input type="checkbox"/> Internet protocol (IP) address* <input type="checkbox"/> Social media account information
<u>Status information</u> <input type="checkbox"/> Citizenship or immigration status <input type="checkbox"/> Employment status <input type="checkbox"/> Status as a victim of domestic violence or sexual assault <input type="checkbox"/> Status as crime victim or witness	
<u>Other Types of Identifying Information</u> (list below): 	
*Type of identifying information designated by the CPO (see CPO Policies & Protocols, §3.1.1).	

9. Separate from the Citywide Privacy Protection Policies and Protocols, what are the agency's policies regarding requests for disclosures from other City agencies, local public authorities or local public benefit corporations, and third parties? Please **summarize or upload a copy of the policy**. See *N.Y.C. Admin. Code § 23-1205(a)(1)(c)(1)*.
10. Which divisions of employees within the agency make disclosures of identifying information following the approval of the privacy officer? See *§ N.Y.C Admin. Code § 23-1205(a)(1)(c)(4)*.
11. Which categories of employees within the agency make disclosures of identifying information following the approval of the privacy officer? See *§ N.Y.C Admin. Code § 23-1205(a)(1)(c)(4)*.
12. Do any of the agency's policies address **access** to identifying information by employees, contractors, and subcontractors? See *§ N.Y.C. Admin Code § 23-1205(a)(4)*.
- ☒ Yes – **GO TO QUESTION 13**
- ☐ No – **GO TO QUESTION 16**
13. Do these policies state that **access** to identifying information must be necessary for the employees, contractors, and subcontractors to perform their duties? See *N.Y.C. Admin Code § 23-1205(a)(4)*.
- ☒ Yes – **GO TO QUESTION 14**
- ☐ No – **GO TO QUESTION 16**
14. Are these policies implemented so that **access** is limited to the greatest extent possible, but also furthers the purpose or mission of the agency?
- ☒ Yes – **GO TO QUESTION 15**
- ☐ No – **GO TO QUESTION 16**

15. Describe how **access** is limited to the greatest extent possible while furthering the purpose or mission of the agency.
16. **Summarize or upload** the agency's current policies for handling **proposals for disclosures to other** City agencies, local public authorities, or local public benefit corporations, and third parties. *See N.Y.C Admin Code § 23-1205(a)(1)(c)(2).*
17. **Summarize or upload** the agency's current policies regarding the classification of **disclosures** as necessitated by the existence of **exigent circumstances or as routine**. *See N.Y.C Admin Code § 23-1205(a)(1)(c)(3).*
18. Since 2022, has the agency **considered or implemented**, where applicable, policies that minimize the collection, retention, and disclosure of identifying information to the greatest extent possible while furthering the purpose or mission of the agency? *See N.Y.C Admin Code § 23-1205(a)(3).*
- ☒ Yes – **GO TO QUESTION 19**
- ☐ No – **GO TO QUESTION 20**
19. Summarize the policies that the agency has **considered or implemented** regarding data minimization for the collection, retention, and disclosure of identifying information. *See N.Y.C Admin Code § 23-1205(a)(4).*

20. Summarize the agency's use of agreements for any use or disclosure of identifying information.
See N.Y.C Admin Code § 23-1205 (a)(1)(d).

21. Since 2022, describe the impact of the Identifying Information Law and any other local, state, or federal laws upon your agency's practices in relation to the collection, retention, and disclosure of identifying information (i.e., if such practices would differ in the absence of these laws). The impact can be positive or negative. *See N.Y.C Admin Code § 23-1205(a)(2).*

22. Describe how the current privacy policies and protocols issued by the Chief Privacy Officer, or the guidance issued by the Citywide Privacy Protection Committee affected your agency's practices in relation to the collection, retention, and disclosure of identifying information. The effects can be positive or negative. *See N.Y.C Admin Code § 23-1205(a)(2).*

- Proceed to the next page -

APPROVAL SIGNATURE FOR AGENCY REPORT

PREPARER OF AGENCY REPORT

Name: Nicholas Elcock
Title: Privacy Officer
Email: nelcock@health.nyc.gov
Phone: 917.654.1279

ELECTRONIC SIGNATURE OF AGENCY HEAD OR DESIGNEE REQUIRED BELOW

Name: Nicholas Elcock
Title: Privacy Officer
Email: nelcock@health.nyc.gov
Phone: 917-654-1279

Signature: 

Date: 07/26/2024

Describe the following types of collections. Note, you may have multiple collections of the same type.

COLLECTIONS				
	Type of Collection	Describe the Specific Activity	Classification	Describe the agency purpose or mission served by this Collection.
1	Public Safety and Health	NYC Health Department collected identifying information from health care providers and individuals for the purposes of controlling diseases and conditions of public health interest.	Pre-approved as routine	NYC Health Department is required by the New York City Charter to supervise the reporting and control of communicable and chronic diseases.
2	Human Resources and other Personnel Matters	NYC Health Department collected identifying information related to injuries and illness of the agency workforce.	Pre-approved as routine	NYC Health Department provides an employee health program to the agency workforce.
3	Compliance	NYC Health Department collected identifying information for the purpose of regulating certain businesses and activities, such as restaurants, mobile food vendors, and childcare facilities.	Pre-approved as routine	NYC Health Department regulates certain businesses and activities, such as restaurants, mobile food vendors, and childcare facilities as authorized by the New York City Charter, Administrative Code, and the Health Code.
4	Client or Customer Service	NYC Health Department collected identifying information to enroll individuals in healthcare insurance.	Pre-approved as routine	NYC Health Department connects individuals to healthcare insurance.

5	Public Safety and Health	NYC Health Department collected identifying information to conduct public health surveys.	Pre-approved as routine	NYC Health Department conducts public health surveys to assess and evaluate the health of individuals and households.
6	Public Safety and Health	NYC Health Department collected identifying information to provide healthcare and related services to individuals.	Pre-approved as routine	NYC Health Department provides individuals with healthcare and related services.
7	Public Safety and Health	NYC Health Department collected identifying information from contractors providing individuals with physical and mental health services, substance abuse services, developmental disability services, as well as social and human services.	Pre-approved as routine	NYC Health Department engages service providers to provide individuals with physical and mental health services, substance abuse services, developmental disability services as well as social and human services.
8	Human Resources and other Personnel Matters	NYC Health Department collected identifying information for the purposing of hiring staff and management of payroll for its employees.	Pre-approved as routine	NYC Health Department hires staff and manages payroll for its employees.
9	Compliance	NYC Health Department collected information from individuals in relation to vital records, such as birth and death certificates.	Pre-approved as routine	NYC Health Department maintains and issues vital records, such as birth and death certificates.

10	Finance	NYC Health Department collected identifying information for the reimbursement of healthcare services.	Pre-approved as routine	NYC Health Department provides healthcare and related services to individuals.
11	Research	NYC Health Department collected identifying information to conduct public health research.	Pre-approved as routine	NYC Health Department promotes research related to public health.
12	Choose an item.		Choose an item.	
13	Choose an item.		Choose an item.	
14	Choose an item.		Choose an item.	
15	Choose an item.		Choose an item.	
16	Choose an item.		Choose an item.	
17	Choose an item.		Choose an item.	
18	Choose an item.		Choose an item.	
19	Choose an item.		Choose an item.	
20	Choose an item.		Choose an item.	
21	Choose an item.		Choose an item.	
22	Choose an item.		Choose an item.	
23	Choose an item.		Choose an item.	
24	Choose an item.		Choose an item.	
	<i>Type of Collection</i>	<i>Describe the Specific Activity</i>	<i>Classification</i>	<i>Describe the agency purpose or mission served by this Collection.</i>
25	Choose an item.	[free text]	Choose an item.	[free text]
26	Choose an item.		Choose an item.	
27	Choose an item.		Choose an item.	
28	Choose an item.		Choose an item.	
29	Choose an item.		Choose an item.	

30	Choose an item.		Choose an item.	
31	Choose an item.		Choose an item.	
32	Choose an item.		Choose an item.	
33	Choose an item.		Choose an item.	
34	Choose an item.		Choose an item.	
35	Choose an item.		Choose an item.	
36	Choose an item.		Choose an item.	
37	Choose an item.		Choose an item.	
38	Choose an item.		Choose an item.	
39	Choose an item.		Choose an item.	
40	Choose an item.		Choose an item.	
41	Choose an item.		Choose an item.	
42	Choose an item.		Choose an item.	
43	Choose an item.		Choose an item.	
44	Choose an item.		Choose an item.	
45	Choose an item.		Choose an item.	
46	Choose an item.		Choose an item.	
47	Choose an item.		Choose an item.	
48	Choose an item.		Choose an item.	
49	Choose an item.		Choose an item.	
50	Choose an item.		Choose an item.	
51	Choose an item.		Choose an item.	
	<i>Type of Collection</i>	<i>Describe the Specific Activity</i>	<i>Classification</i>	<i>Describe the agency purpose or mission served by this Collection.</i>
52	Choose an item.	[free text]	Choose an item.	[free text]
53	Choose an item.		Choose an item.	
54	Choose an item.		Choose an item.	
55	Choose an item.		Choose an item.	
56	Choose an item.		Choose an item.	

57	Choose an item.		Choose an item.	
58	Choose an item.		Choose an item.	
59	Choose an item.		Choose an item.	
60	Choose an item.		Choose an item.	
61	Choose an item.		Choose an item.	
62	Choose an item.		Choose an item.	
63	Choose an item.		Choose an item.	
64	Choose an item.		Choose an item.	
65	Choose an item.		Choose an item.	
66	Choose an item.		Choose an item.	
67	Choose an item.		Choose an item.	
68	Choose an item.		Choose an item.	
69	Choose an item.		Choose an item.	
70	Choose an item.		Choose an item.	
71	Choose an item.		Choose an item.	
72	Choose an item.		Choose an item.	
73	Choose an item.		Choose an item.	
74	Choose an item.		Choose an item.	
75	Choose an item.		Choose an item.	
76	Choose an item.		Choose an item.	
77	Choose an item.		Choose an item.	
78	Choose an item.		Choose an item.	
	<i>Type of Collection</i>	<i>Describe the Specific Activity</i>	<i>Classification</i>	<i>Describe the agency purpose or mission served by this Collection.</i>
79	Choose an item.	[free text]	Choose an item.	[free text]
80	Choose an item.		Choose an item.	
81	Choose an item.		Choose an item.	
82	Choose an item.		Choose an item.	
83	Choose an item.		Choose an item.	

84	Choose an item.		Choose an item.	
85	Choose an item.		Choose an item.	
86	Choose an item.		Choose an item.	
87	Choose an item.		Choose an item.	
88	Choose an item.		Choose an item.	
89	Choose an item.		Choose an item.	
90	Choose an item.		Choose an item.	
91	Choose an item.		Choose an item.	
92	Choose an item.		Choose an item.	
93	Choose an item.		Choose an item.	
94	Choose an item.		Choose an item.	
95	Choose an item.		Choose an item.	
96	Choose an item.		Choose an item.	
97	Choose an item.		Choose an item.	
98	Choose an item.		Choose an item.	
99	Choose an item.		Choose an item.	
100	Choose an item.		Choose an item.	

Please add additional rows, if needed

Describe the following types of disclosures. Note, you may have multiple disclosures of the same type.

DISCLOSURES					
	Type of Disclosure	Describe the Specific Activity	Classification	Describe the agency purpose or mission served by this Disclosure.	Was this disclosure made pursuant to an external request?
1	Public Safety and Health	NYC Health Department disclosed information to state and federal health officials and health care providers for the purposes of controlling diseases and conditions of public health interest.	Pre-approved as routine	NYC Health Department is required by the New York City Charter to supervise the reporting and control of communicable and chronic diseases.	No
2	Human Resources and other Personnel Matters	NYC Health Department disclosed information to governmental agencies in relation to injuries and illness of the agency workforce.	Pre-approved as routine	NYC Health Department provides an employee health program to the agency workforce.	No
3	Compliance	NYC Health Department disclosed information to governmental agencies for the purpose of regulating certain businesses and activities, such as restaurants, mobile food vendors, and childcare facilities.	Pre-approved as routine	NYC Health Department regulates certain businesses and activities, such as restaurants, mobile food vendors, and childcare facilities as authorized by the New York City Charter, Administrative Code, and the Health Code.	No

4	Client or Customer Service	NYC Health Department disclosed information to governmental agencies for the purpose of enrolling individuals in healthcare insurance.	Pre-approved as routine	NYC Health Department connects individuals to healthcare insurance.	No
5	Public Safety and Health	NYC Health Department disclosed information to agency contractors for the purpose of conducting public health surveys.	Pre-approved as routine	NYC Health Department conducts public health surveys to assess and evaluate the health of individuals and households.	No
6	Compliance	NYC Health Department disclosed information to governmental agencies as well as authorized individuals in relation to vital records, such as birth and death certificates.	Pre-approved as routine	NYC Health Department maintains and issues vital records, such as birth and death certificates.	No
7	Finance	NYC Health Department disclosed information to governmental agencies in relation to management of payroll for its employees.	Pre-approved as routine	NYC Health Department manages payroll for its employees.	No
8	Finance	NYC Health Department disclosed information to governmental agencies, third party payers, and insurance organizations	Pre-approved as routine	NYC Health Department provides healthcare and related services to individuals.	No

		for the reimbursement of healthcare services provided by DOHMH public health clinics and other programs.			
9	Public Safety and Health	NYC Health Department disclosed information to healthcare and related service providers for the treatment of individuals.	Pre-approved as routine	NYC Health Department makes referrals and connects individuals to healthcare and related service providers for the purpose of treatment.	No
10	Legal Matters or Proceeding	NYC Health Department disclosed information in response to court orders and subpoenas.	Approved by the APO on a case-by-case basis	NYC Health Department receives court orders and subpoenas for records it maintains.	Yes
11	Research	NYC Health Department disclosed information to authorized researchers.	Approved by the APO on a case-by-case basis	NYC Health Department promotes research related to public health.	Yes
12	Public Safety and Health	NYC Health Department disclosed information to contractors for the purpose of providing individuals with physical and mental health services, substance abuse services, developmental disability services, as well as social and human services.	Pre-approved as routine	NYC Health Department engages service providers to provide individuals with physical and mental health services, substance abuse services, developmental disability services as well as social and human services.	No

13	Law Enforcement	NYC Health Department disclosed information to law enforcement and governmental agencies related to crimes at its offices and facilities.	Pre-approved as routine	NYC Health Department maintains the security of its offices and facilities.	No
14	Research	NYC Health Department disclosed information to academic partners for public health research.	Approved by the APO on a case-by-case basis	NYC Health Department is works with academic and research organizations to conduct public health research	No
15	Choose an item.		Choose an item.		Choose an item.
16	Choose an item.		Choose an item.		Choose an item.
17	Choose an item.		Choose an item.		Choose an item.
18	Choose an item.		Choose an item.		Choose an item.
19	Choose an item.		Choose an item.		Choose an item.
20	Choose an item.		Choose an item.		Choose an item.
21	Choose an item.		Choose an item.		Choose an item.
22	Choose an item.		Choose an item.		Choose an item.
23	Choose an item.		Choose an item.		Choose an item.
24	Choose an item.		Choose an item.		Choose an item.
	<i>Type of Disclosure</i>	<i>Describe the Specific Activity</i>	<i>Classification</i>	<i>Describe the agency purpose or mission served by this Disclosure.</i>	<i>Was this disclosure made pursuant to an external request?</i>
25	Choose an item.	[free text]	Choose an item.	[free text]	Choose an item.
26	Choose an item.		Choose an item.		Choose an item.
27	Choose an item.		Choose an item.		Choose an item.
28	Choose an item.		Choose an item.		Choose an item.
29	Choose an item.		Choose an item.		Choose an item.
30	Choose an item.		Choose an item.		Choose an item.

31	Choose an item.		Choose an item.		Choose an item.
32	Choose an item.		Choose an item.		Choose an item.
33	Choose an item.		Choose an item.		Choose an item.
34	Choose an item.		Choose an item.		Choose an item.
35	Choose an item.		Choose an item.		Choose an item.
36	Choose an item.		Choose an item.		Choose an item.
37	Choose an item.		Choose an item.		Choose an item.
38	Choose an item.		Choose an item.		Choose an item.
39	Choose an item.		Choose an item.		Choose an item.
40	Choose an item.		Choose an item.		Choose an item.
41	Choose an item.		Choose an item.		Choose an item.
42	Choose an item.		Choose an item.		Choose an item.
43	Choose an item.		Choose an item.		Choose an item.
44	Choose an item.		Choose an item.		Choose an item.
45	Choose an item.		Choose an item.		Choose an item.
46	Choose an item.		Choose an item.		Choose an item.
47	Choose an item.		Choose an item.		Choose an item.
48	Choose an item.		Choose an item.		Choose an item.
49	Choose an item.		Choose an item.		Choose an item.
50	Choose an item.		Choose an item.		Choose an item.
51	Choose an item.		Choose an item.		Choose an item.
	<i>Type of Disclosure</i>	<i>Describe the Specific Activity</i>	<i>Classification</i>	<i>Describe the agency purpose or mission served by this Disclosure.</i>	<i>Was this disclosure made pursuant to an external request?</i>
52	Choose an item.	[free text]	Choose an item.	[free text]	Choose an item.
53	Choose an item.		Choose an item.		Choose an item.
54	Choose an item.		Choose an item.		Choose an item.
55	Choose an item.		Choose an item.		Choose an item.
56	Choose an item.		Choose an item.		Choose an item.
57	Choose an item.		Choose an item.		Choose an item.

58	Choose an item.		Choose an item.		Choose an item.
59	Choose an item.		Choose an item.		Choose an item.
60	Choose an item.		Choose an item.		Choose an item.
61	Choose an item.		Choose an item.		Choose an item.
62	Choose an item.		Choose an item.		Choose an item.
63	Choose an item.		Choose an item.		Choose an item.
64	Choose an item.		Choose an item.		Choose an item.
65	Choose an item.		Choose an item.		Choose an item.
66	Choose an item.		Choose an item.		Choose an item.
67	Choose an item.		Choose an item.		Choose an item.
68	Choose an item.		Choose an item.		Choose an item.
69	Choose an item.		Choose an item.		Choose an item.
70	Choose an item.		Choose an item.		Choose an item.
71	Choose an item.		Choose an item.		Choose an item.
72	Choose an item.		Choose an item.		Choose an item.
73	Choose an item.		Choose an item.		Choose an item.
74	Choose an item.		Choose an item.		Choose an item.
75	Choose an item.		Choose an item.		Choose an item.
76	Choose an item.		Choose an item.		Choose an item.
77	Choose an item.		Choose an item.		Choose an item.
78	Choose an item.		Choose an item.		Choose an item.
	<i>Type of Disclosure</i>	<i>Describe the Specific Activity</i>	<i>Classification</i>	<i>Describe the agency purpose or mission served by this Disclosure.</i>	<i>Was this disclosure made pursuant to an external request?</i>
79	Choose an item.	[free text]	Choose an item.	[free text]	Choose an item.
80	Choose an item.		Choose an item.		Choose an item.
81	Choose an item.		Choose an item.		Choose an item.
82	Choose an item.		Choose an item.		Choose an item.
83	Choose an item.		Choose an item.		Choose an item.
84	Choose an item.		Choose an item.		Choose an item.

85	Choose an item.		Choose an item.		Choose an item.
86	Choose an item.		Choose an item.		Choose an item.
87	Choose an item.		Choose an item.		Choose an item.
88	Choose an item.		Choose an item.		Choose an item.
89	Choose an item.		Choose an item.		Choose an item.
90	Choose an item.		Choose an item.		Choose an item.
91	Choose an item.		Choose an item.		Choose an item.
92	Choose an item.		Choose an item.		Choose an item.
93	Choose an item.		Choose an item.		Choose an item.
94	Choose an item.		Choose an item.		Choose an item.
95	Choose an item.		Choose an item.		Choose an item.
96	Choose an item.		Choose an item.		Choose an item.
97	Choose an item.		Choose an item.		Choose an item.
98	Choose an item.		Choose an item.		Choose an item.
99	Choose an item.		Choose an item.		Choose an item.
100	Choose an item.		Choose an item.		Choose an item.

Please add additional rows, if needed

For each **disclosure**, select the type of entity **and** provide the name of the entity that received the identifying information.

	Type of Entity	Name of Entity
1	Federal Agency	[free text]
2	Choose an item.	
3	Choose an item.	
4	Choose an item.	
5	Choose an item.	
6	Choose an item.	
7	Choose an item.	
8	Choose an item.	
9	Choose an item.	
10	Choose an item.	
11	Choose an item.	
12	Choose an item.	
13	Choose an item.	
14	Choose an item.	
15	Choose an item.	
16	Choose an item.	
17	Choose an item.	
18	Choose an item.	
19	Choose an item.	
20	Choose an item.	
21	Choose an item.	
22	Choose an item.	
23	Choose an item.	
24	Choose an item.	
25	Choose an item.	
26	Choose an item.	
27	Choose an item.	

	<i>Type of Entity</i>	<i>Name of Entity</i>
28	Choose an item.	[free text]
29	Choose an item.	
30	Choose an item.	
31	Choose an item.	
32	Choose an item.	
33	Choose an item.	
34	Choose an item.	
35	Choose an item.	
36	Choose an item.	
37	Choose an item.	
38	Choose an item.	
39	Choose an item.	
40	Choose an item.	
41	Choose an item.	
42	Choose an item.	
43	Choose an item.	
44	Choose an item.	
45	Choose an item.	
46	Choose an item.	
47	Choose an item.	
48	Choose an item.	
49	Choose an item.	
50	Choose an item.	
51	Choose an item.	
52	Choose an item.	
53	Choose an item.	
54	Choose an item.	
55	Choose an item.	
56	Choose an item.	

	<i>Type of Entity</i>	<i>Name of Entity</i>
57	Choose an item.	[free text]
58	Choose an item.	
59	Choose an item.	
60	Choose an item.	
61	Choose an item.	
62	Choose an item.	
63	Choose an item.	
64	Choose an item.	
65	Choose an item.	
66	Choose an item.	
67	Choose an item.	
68	Choose an item.	
69	Choose an item.	
70	Choose an item.	
71	Choose an item.	
72	Choose an item.	
73	Choose an item.	
74	Choose an item.	
75	Choose an item.	
76	Choose an item.	
77	Choose an item.	
78	Choose an item.	
79	Choose an item.	
80	Choose an item.	
81	Choose an item.	
82	Choose an item.	
83	Choose an item.	
84	Choose an item.	
85	Choose an item.	

	Type of Entity	Name of Entity
86	Choose an item.	[free text]
87	Choose an item.	
88	Choose an item.	
89	Choose an item.	
90	Choose an item.	
91	Choose an item.	
92	Choose an item.	
93	Choose an item.	
94	Choose an item.	
95	Choose an item.	
96	Choose an item.	
97	Choose an item.	
98	Choose an item.	
99	Choose an item.	
100	Choose an item.	

Please add additional rows, if needed

OPTIONAL QUESTION: Using the table below, describe any proposals for disclosures of identifying information that your agency declined to approve.

	<i>Type of Entity that Requested the Identifying Information</i>	<i>Name of the Entity</i>	<i>Reason for the Request</i>	<i>Description of Agency's Rationale for Rejection</i>
1	Choose an item.	[free text]	[free text]	[free text]
2	Choose an item.			
3	Choose an item.			
4	Choose an item.			
5	Choose an item.			
6	Choose an item.			
7	Choose an item.			
8	Choose an item.			
9	Choose an item.			
10	Choose an item.			
11	Choose an item.			
12	Choose an item.			
13	Choose an item.			
14	Choose an item.			
15	Choose an item.			
16	Choose an item.			
17	Choose an item.			
18	Choose an item.			
19	Choose an item.			
20	Choose an item.			
21	Choose an item.			
22	Choose an item.			
23	Choose an item.			
24	Choose an item.			
25	Choose an item.			

	<i>Type of Entity that Requested the Identifying Information</i>	<i>Name of the Entity</i>	<i>Reason for the Request</i>	<i>Description of Agency's Rationale for Rejection</i>
26	Choose an item.	[free text]	[free text]	[free text]
27	Choose an item.			
28	Choose an item.			
29	Choose an item.			
30	Choose an item.			
31	Choose an item.			
32	Choose an item.			
33	Choose an item.			
34	Choose an item.			
35	Choose an item.			
36	Choose an item.			
37	Choose an item.			
38	Choose an item.			
39	Choose an item.			
40	Choose an item.			
41	Choose an item.			
42	Choose an item.			
43	Choose an item.			
44	Choose an item.			
45	Choose an item.			
46	Choose an item.			
47	Choose an item.			
48	Choose an item.			
49	Choose an item.			
50	Choose an item.			
51	Choose an item.			
52	Choose an item.			
53	Choose an item.			

	<i>Type of Entity that Requested the Identifying Information</i>	<i>Name of the Entity</i>	<i>Reason for the Request</i>	<i>Description of Agency's Rationale for Rejection</i>
54	Choose an item.	[free text]	[free text]	[free text]
55	Choose an item.			
56	Choose an item.			
57	Choose an item.			
58	Choose an item.			
59	Choose an item.			
60	Choose an item.			
61	Choose an item.			
62	Choose an item.			
63	Choose an item.			
64	Choose an item.			
65	Choose an item.			
66	Choose an item.			
67	Choose an item.			
68	Choose an item.			
69	Choose an item.			
70	Choose an item.			
71	Choose an item.			
72	Choose an item.			
73	Choose an item.			
74	Choose an item.			
75	Choose an item.			
76	Choose an item.			
77	Choose an item.			
78	Choose an item.			
79	Choose an item.			
80	Choose an item.			
81	Choose an item.			

	<i>Type of Entity that Requested the Identifying Information</i>	<i>Name of the Entity</i>	<i>Reason for the Request</i>	<i>Description of Agency's Rationale for Rejection</i>
82	Choose an item.	[free text]	[free text]	[free text]
83	Choose an item.			
84	Choose an item.			
85	Choose an item.			
86	Choose an item.			
87	Choose an item.			
88	Choose an item.			
89	Choose an item.			
90	Choose an item.			
91	Choose an item.			
92	Choose an item.			
93	Choose an item.			
94	Choose an item.			
95	Choose an item.			
96	Choose an item.			
97	Choose an item.			
98	Choose an item.			
99	Choose an item.			
100	Choose an item.			

Please add additional rows, if needed