REQUEST FOR RECORDS DISPOSITION AUTHORITY
(See Instructions on reverse)

To: NATIONAL ARCHIVES and RECORDS ADMINISTRATION (NIR)
WASHINGTON, DC 20408

1. FROM (Agency or establishment)
Department of Health and Human Services

2. MAJOR SUBDIVISION
Agency for Health Care Policy and Research

3. MINOR SUBDIVISION
Center for Practice and Technology Assessment

4. NAME OF PERSON WITH WHOM TO CONFER
Shelly D. Anderson

5. TELEPHONE
301-594-1304

REQUEST FOR RECORDS DISPOSITION

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>DESCRIPTION OF ITEM AND PROPOSED DISPOSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>USER ACCESS LOG</td>
</tr>
<tr>
<td></td>
<td>The Agency for Health Care Policy and Research, Department of Health and Human Services (HHS) maintains a World Wide Web Internet site for the National Guideline Clearinghouse and authorized activities on that site including the dissemination of information.</td>
</tr>
<tr>
<td></td>
<td>The internet server software automatically creates a record of visits to the site. The software records the visitor's origin, time of day, length of stay, and activities while at the site. This information is of value for security, administrative, and evaluation purposes.</td>
</tr>
<tr>
<td></td>
<td>Disposition: Destroy on termination of contract 290-97-0005 or by 10/01/2002, whichever is later.</td>
</tr>
<tr>
<td></td>
<td>Jean Slutsky, National Guideline Clearinghouse Project Officer</td>
</tr>
</tbody>
</table>

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JOB NUMBER
NI-510-99-3

DATE RECEIVED
7-27-99

NOTIFICATION TO AGENCY

In accordance with the provisions of 44 U.S.C. 3303a the disposition request, including amendments, is approved except for items that may be marked "disposition not approved" or "withdrawn" in column 10.

DATE
12-23-99

ARCHivist OF THE UNITED STATES

6. AGENCY CERTIFICATION
I hereby certify that I am authorized to act for this agency in matters pertaining to the disposition of its records and that the records proposed for disposal on the attached ___ page(s) are not now needed for the business of this agency or will not be needed after the retention periods specified; and that written concurrence from the General Accounting Office, under the provisions of Title 8 of the GAO Manual for Guidance of Federal Agencies,

☐ is not required; ☐ is attached; or ☐ has been requested.

DATE
JUL 23 1999

SIGNATURE OF AGENCY REPRESENTATIVE
A. Prentice Barnes, Sr.

TITLE
HHS Records Manager

7. ITEM NO.

8. DESCRIPTION OF ITEM AND PROPOSED DISPOSITION

9. GRS OR SUPERSEDED JOB CITATION

10. ACTION TAKEN (NARA USE ONLY)