

Michigan Care Improvement Registry (MCIR)

Petition for Modifications to MCIR Information dec2007

Person's Information (As it currently appears in MCIR)

If person has more than one record, please list all records below. Use additional forms if necessary.

Current MCIR Name (Last, First, Middle)	Suffix (i.e., III)	DOB	MCIR ID	<input type="checkbox"/> Active
MCIR Use Only		Action taken: Delete Merge Not Dups Opt Out		
Current MCIR Name (Last, First, Middle)	Suffix (i.e., III)	DOB	MCIR ID	<input type="checkbox"/> Active
MCIR Use Only		Action taken: Delete Merge Not Dups Opt Out		
Current MCIR Name (Last, First, Middle)	Suffix (i.e., III)	DOB	MCIR ID	<input type="checkbox"/> Active
MCIR Use Only		Action taken: Delete Merge Not Dups Opt Out		
Correct Name (Last, First, Middle)	Suffix (i.e., III)	DOB	Sex	Deceased
			M / F	<input type="checkbox"/>
Alias (Last, First)	Plurality:		1 of 1	1 of 2

Vaccine Encounter Information:

**Add column is only for use by offices unable to add data directly into the MCIR!*

Immunization Date	Vaccine Type	Modify (Date / Vaccine Type)	Delete	Add
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Responsible Party Information:

**Only for use by offices unable to modify MCIR data!*

Delete Modify Add

Name (Last, First, Middle, Suffix)

Address (Street, P.O. Box, City, County, State, Zip Code)

Documentation supporting requested changes must be submitted with this petition in order for changes to occur.

Requester Information:

Signature:

Date:

Provider/Organization Name:

Phone Number:

FOR REGIONAL MCIR OFFICE USE ONLY

Notes:

Site Notification:

Documentation:

Signature:

Modification /

Merge Date:

Mail to:



Region 6 MCIR
Petition for Modifications
 2920 College Avenue
 Escanaba, MI 49829

Fax to: 906-789-8151

Helpdesk: 1-888-217-3905

Michigan Care Improvement Registry (MCIR)

Region Six Petition for Modifications Form

Errors that are discovered in a MCIR immunization record (e.g., incorrect data) may be modified by the user that entered the record in question (i.e., the original authorizer of the vaccine encounter record) using the MCIR; in these instances a Petition for Modifications form is not indicated. All other users who need to have a record modified need to submit a Petition for Modifications form.

A child's parent, guardian, or legal representative may also petition the MDCH or its authorized agents to amend their record or the record of their child.

Requests for modification require appropriate documentation to support modification of a vaccine encounter already existing in the MCIR. The MDCH or its authorized agents will be responsible for investigating and making the requested modifications, if deemed appropriate. If a modification request is denied, the applicant shall be informed of the denial and the reason(s) for the denial. Corrections can be made and the modification request can be resubmitted.

Modifications that can be made to a MCIR record include:

- deletion of an immunization encounter
- correction of an encounter date
- correction of vaccine type
- correction of responsible party information
- correction of a person's name
- correction of a person's date of birth
- correction of a person's gender
- deletion of a duplicate record
- documentation of a person's death

Each modified piece of information will be noted as such. The MCIR will record the date of the modification and the User ID of the person modifying the record. The MDCH or its authorized agent must retain the paperwork documenting the modification for a minimum of one year. The original encounter record will be retained in the database, but will not be displayed on any data reports and screens available to MCIR users. Furthermore, the original record will not be used for assessment purposes.