

Instructions for Completing the MCIR Provider User/Usage Agreement

You must complete this agreement and submit it to your Regional Coordinator for approval before gaining access to the Michigan Care Improvement Registry (MCIR). Follow the instructions below to complete the MCIR Provider User/Usage Agreement.

Step One: Read the Agreement

Carefully read the first two paragraphs of this agreement, including the bulleted list of statements at the top of the form, so that you completely understand the **confidentiality** regulations, restrictions, and requirements for using the MCIR. Complete text for the laws, acts, and provisions cited in these passages is included with this agreement for your reference.

Step Two: Select one of the three options which define your intent for using this Form

1. You may request access to MCIR.
2. You must renew your MCIR access rights every three years according to MCIR legislation. A new user agreement must be submitted to the MCIR regional office.
3. You may change information you submitted on your previous MCIR User/Usage Agreement. You will need to enter your current SITE ID here, as well.
4. You may request to have your site disabled. You will need to enter your current SITE ID on the form. The SITE ID is located under *My Site* tab. Then proceed to *Edit My Site* link. SITE ID is located in the top right corner of the page.
5. You may request to have a MCIR SITE ID merged with another MCIR SITE ID (example clinic merger, retired physician)

Step Three: Register as a Public or Private Provider

Under the **Provider Information** heading, specify whether you are registering as a public or private provider:

- ✓ Check *Public Provider* if you are primarily employed by a public health department; or
- ✓ Check *Private Provider* if you are primarily employed within the private sector.

You may check only one option.

Step Four: Register as a Specialty Designation

Specify the specialty designation under which you are registering. The choices are: (You may check only one of these options.)

Family Practitioner

Pediatrician

Internist

OB/GYN

Other (please specify in the space provided).

Site Administrator: Staff person who is responsible for registering and monitor MCIR User accounts for the organization.

Step Five: Entering Site Demographic Data

Applicant's Name: May be Supervising Physician or Site Administrator

Organization: Practice Name

Enter *Organization/Practice Name* as well as the full name and title of the designated *Medical Officer* on the lines provided.

Step Six: Sign and Deliver the Agreement:

The Medical Officer specified in Step 5 should sign and date this agreement and send it to the address identified in paragraph two of the MCIR Provider User/Usage Agreement. Any issues or questions regarding **confidentiality** or the appropriate use of the MCIR by the members or staff of the registered organization or practice are the responsibility of the *Medical Officer* specified in Step 5.