

# Michigan Care Improvement Registry (MCIR) “Read Only” Access Application

In accordance with Public Act 540 of the Public Acts of 1996, Amended 2006 as Act 91, and codified as MCL 333.9201 et seq. of the Michigan Public Health Code, the Department of Health and Human Services (MDHHS) has established the Michigan Care Improvement Registry (MCIR) to record and to access information regarding administered immunizations and other health related data by health care providers. Users of the system must refrain from employing the MCIR and data on the MCIR for any other use. Access to the MCIR database is permitted only under part 92 of the public health code. Access to MCIR data is under the terms and conditions prescribed by the MDHHS. Improper use of the MCIR will result in revocation of the user’s access privileges and potential liability under MCIR, Vital Records, and Michigan Computer Crime Laws. The MDHHS reserves the right to revoke a user’s access privileges at any time, without notice.

Please read the following statements. If you agree to abide by these statements, please complete the information requested below and fax this agreement to : **the appropriate Regional MCIR Office** (visit <https://www.mcir.org/providers/regional-coordinators/contact-regions/> for contact information).

**As a user of the Michigan Care Improvement Registry, I accept and agree to the following:**

- I will handle information or documents obtained through the MCIR in a **confidential** manner.
- I will restrict my use of the MCIR to accessing information and generating documentation only as necessary to properly conduct the administration and management of my duties as they relate to immunizations.
- I understand that my transactions on the MCIR are logged and are subject to being audited.
- I will not furnish information or documentation obtained through the MCIR to individuals for personal use nor to any individuals not directly involved with the conduct of my duties as they relate to immunizations.
- I will not falsify any document or data obtained through the MCIR.
- I will not attempt to copy all or part of the database or the software used to access the MCIR database in any unauthorized fashion, nor attempt to falsify or otherwise alter data in the MCIR database or otherwise violate the Michigan Computer Crime Law (MCL 752.794 - 752.797) or the Vital Records Law (MCL 333.2894) summarized on the reverse side of this form.
- I will carefully safeguard my access privileges and password for the MCIR and I will not permit the use of my access privileges or password by any other person.
- I will report any threat to or violation of the MCIR security.
- MCIR data may not be used for research purposes without approval by the MDHHS Institutional Review Board ([www.michigan.gov/irb](http://www.michigan.gov/irb)). Refer to Admin Rule R 325.9055

**MCIR User Information: PLEASE PRINT or TYPE**

I am registering as a member of (**Check One Only**):  Health Care Organization       WIC Clinic  
 Health Department Administrative Staff

**I have read the above security agreement and the prohibited acts provided on the reverse side of this form. I understand this information and I agree to comply with the above provisions. Further, I understand any violation of these provisions may result in termination of access privileges and/or recommendation for prosecution.**

Facility:				
Address:				
	Street	City	State	Zip
			County	
Phone: (      )		Fax: (      )		
Other License #: (specify)				
<b>(REQUIRED)</b> E-mail Address:				
Print User’s Name:				
User’s Signature			Date Signed:	

## Instructions for Completing the MCIR “Read Only” Access Application

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 “Read Only” Access Application

### Step One: Read the Agreement

Carefully read the entire application, including the bulleted list of statements, so that you completely understand the **confidentiality** regulations, restrictions, and requirements for using the MCIR.

### Step Two: Register as a Health Care Organization

Under the **Provider Information** heading, specify whether you are registering as a member of a Health Care Organization, WIC Clinic or Health Department Administrative Staff:

You may check only one option.

### Step Three: Entering Site Demographic Data

**User’s Name:** Person accessing MCIR data

**Facility:** Name of Facility or Organization

Enter *Facility/Organization/Name* as well as the full name and title of the designated *User* on the lines provided.

### Step Four: Sign and Deliver the Agreement:

**The *User* specified in Step 3 should sign and date this agreement** and send it to the address identified in paragraph two of the MCIR “Read Only” Access Application. Any issues or questions regarding **confidentiality** or the appropriate use of the MCIR by the members or staff of the registered organization are the responsibility of the *User* specified in Step 3.