

Michigan Care Improvement Registry (MCIR)

Participant Portal Access to MCIR via Query 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 for this agreement via electronic query request and retrieval conducted through a participant portal. Query participants (health care organizations or schools) must refrain from employing the receipt of MCIR data or documents via query for any other use. Access to the MCIR database and functionality 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 MCIR data or documents via query participation will result in revocation of the participants access privileges and potential liability under MCIR, Vital Records, and Michigan Computer Crime Laws. The MDHHS reserves the right to revoke a participant'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: **FAX 1-517-335-9855, Attn: MCIR Query**

As a Participant Portal Access to MCIR via Query applicant and Participant representative I accept and agree to ensure the following:

- This School/Healthcare Organization will handle information or documents obtained through the MCIR by way of the Participant Portal as outlined in this agreement.
- This School/Healthcare Organization will restrict use of the MCIR via the Participant Portal to accessing information and generating documentation only as necessary to complete the query request and delivery process. Documents delivered in the query response will not be stored on the Participant Portal.
- This School/Healthcare Organization understands that transactions on the MCIR are logged and are subject to being audited.
- This School/Healthcare Organization will only furnish information or documentation obtained through query from the MCIR via the Participant Portal to the requester.
- This School/Healthcare Organization will not falsify any document or data obtained through query from the MCIR via the Participant Portal.
- This School/Healthcare Organization will not attempt to copy all or part of the data in any unauthorized fashion, nor attempt to falsify or otherwise alter data obtained through query from MCIR via the Participant Portal or otherwise violate the Michigan Computer Crime Law (MCL 752.794 - 752.797) or the Vital Records Law (MCL 333.2894).
- This School/Healthcare Organization will carefully safeguard access privileges for users of the Participant Portal according to established organization or school security procedures.
- This School/Healthcare Organization will report any threat to or violation of the Participant Portal security to MCIR.
- MCIR data obtained through the Participant Portal may not be used for research purposes without approval by the MDHHS Institutional Review Board (www.michigan.gov/irb). Refer to Admin Rule R 325.9055

Participant Portal to MCIR via Query Applicant Information: PLEASE PRINT or TYPE

I am registering as a Participant Representative of (Check One Only): Health Care Organization School

I have read the above agreement (page 1). 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 service privileges and/or recommendation for prosecution.

| | | | | |
|------------------------------------------------|--------|------|---------------------|-----|
| Health Care Organization or School Name | | | | |
| Address | | | | |
| | Street | City | State | Zip |
| Primary Contact Full Name (Print) | | | | |
| Primary Contact Email (Print) | | | | |
| Primary Contact Phone | | | Primary Contact Fax | |
| License # (if applicable, specify #/type) | | | | |
| Applicant Name (Print) | | | | |
| Applicant Email (Print) | | | | |
| Applicant Signature | | | Date Signed: | |

This document is subject to revision or withdrawal at any time at the discretion of the Michigan Department of Health and Human Services- 5-2015

Instructions for Completing the Michigan Care Improvement Registry (MCIR) Participant Portal Access to MCIR via Query Application

You must complete this agreement and submit it to MCIR for approval before gaining query access to the Michigan Care Improvement Registry (MCIR). Follow the instructions below to complete the MCIR Participant Portal Access via Query 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 School or Health Care Organization

Under the **Participant Portal to MCIR via Query Applicant Information** heading, specify whether you are registering as a member of a Health Care Organization or School: You may check only one option.

Step Three: Entering Site and Applicant Demographic Data

Health Care Organization or School: Name of Healthcare Organization or School

Health Care Org or School Address: USPS valid address for the Healthcare Organization or School

Primary Contact Full Name: Should a production issue arise, please provide a contact.

License Number/Type: Should the healthcare organization or school be licensed, please provide license number and license type information.

Applicant's Name: Person responsible for overseeing the security, functionality, or the appropriate use (including access) of the Participant Portal. Include full name and title.

Step Four: Sign and Deliver the Agreement:

The Applicant specified in Step 3 should sign and date this agreement and Fax it to MDHHS, Division of Immunizations, 1-517-335-9855 Attn: MCIR Query.

Any issues or questions regarding security, functionality, or the appropriate use of the Participant Portal and MCIR query electronic response (data or documents) of the registered organization or school is the responsibility of the *Applicant* specified in Step 3.