

Michigan Care Improvement Registry (MCIR) Provider Site Usage Agreement

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 Michigan 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 the 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 the 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.

Any health care provider, defined as those who can authorize the administration of an immunizing agent or adding other health related data (as defined in Public Health Code MCL 333.9204), may use this form to register to use the MCIR. Please read the following statements. If you agree to abide by these statements, please complete the information requested below and return this agreement to the appropriate regional office: <https://www.mcir.org/providers/regional-coordinators/contact-regions/>

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 and other health related data.
- ✓ 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 and other health related data.
- ✓ I will not alter or 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 will not permit their use by any other person.
- ✓ I will report any threat to or violation of the MCIR security.
- ✓ I will enter immunization encounter information for all immunizations provided to children born after January 1, 1994 (effective when I receive the MCIR access).
 - ✓ I will strive to enter accurate and timely data into the MCIR within 72 hours from date of administration of an immunization as set forth in Administrative Rule 325.163(6).
 - ✓ The MCIR data 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

Provider Information (Please print or type):

Please select one of the following five options and complete the form below:

- I would like to be granted access rights to the MCIR.
- I would like to renew my access rights to the MCIR (Every three years a renewal MCIR application must be submitted to the MCIR regional office (visit <https://www.mcir.org/providers/regional-coordinators/contact-regions/> for contact information.)
- I would like to change information in my existing MCIR User/Usage Agreement.
Please enter your SITE NUMBER: _____
- I would like to discontinue use of my MCIR SITE.
Please enter your SITE NUMBER: _____
- I would like to merge my SITE NUMBER: _____ with this SITE NUMBER: _____

I am registering as a (Check One): Public Provider Private Provider

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

I am registering as a (Check One): Family Practitioner Pediatrician Internist
 OB/GYN other: (specify) _____

I am registering as a: Site Administrator

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.

Please complete the following information: **PLEASE PRINT or TYPE**

Applicant's Full Name	
Organization/Practice Name	
Supervising Physician/Pharmacist/Nurse Practitioner's Full Name and Degree:	
Supervising Physician/Pharmacist/Nurse Practitioner's License # and Issuing State:	
Facility Address:	
Street	
City	State Zip Code County
Phone #: /	
Fax #: /	
(REQUIRED) Applicant's E-Mail Address:	
Supervising Physician/Pharmacist/Nurse Practitioner	Date Signed:

August 10, 2021

Instructions for Completing the MCIR Provider Site 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 Site 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 five 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. Select only one. The choices are:

Family Practitioner; Pediatrician; Internist; OB/GYN; or Other (specify in space provided).

Additionally, check the **Site Administrator** box if you will play this role for the site. Site Administrator is the staff person who is responsible for registering and monitoring MCIR User accounts for the site.

Step Five: Entering Site Demographic Data

Applicant's Name: May be Supervising Physician/Pharmacist/Nurse Practitioner's or Site Administrator (when applicable).

Organization: Enter *Organization/Practice Name*

Step Six: Sign and Deliver the Agreement:

Acceptable signatures on the Provider Site Usage Agreement include the supervising physician, pharmacist or nurse practitioner. This is revised instruction as of August 17, 2021.