

## **Michigan Care Improvement Registry (MCIR) “Read Only” Access Application for HEIDIS Reporting**

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 email this agreement to: [MDHHS-MCIRQueryHelp@michigan.gov](mailto:MDHHS-MCIRQueryHelp@michigan.gov).

**As a user of the Michigan Care Improvement Registry, I accept and agree to the following on behalf of the Facility and its registered user(s):**

- The Facility and its user(s) will handle information or documents obtained through the MCIR in a **confidential** manner.
- The Facility and its user(s) will restrict their use of the MCIR to accessing information and generating documentation only as necessary to properly conduct the administration and management of their duties as they relate to immunizations.
- The Facility and its user(s) understand that their transactions on the MCIR are logged and are subject to being audited.
- The Facility and its user(s) 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 their duties as they relate to immunizations.
- The Facility and its user(s) will not falsify any document or data obtained through the MCIR.
- The Facility and its user(s) 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.
- The Facility and its user(s) will carefully safeguard their access privileges and passwords for the MCIR, and they will not permit the use of their access privileges or passwords by any other person(s).
- The Facility and its user(s) will report any threat to or violation of the MCIR security.
- The Facility and its user(s) understand that 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.

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

You must complete this agreement and submit it to the [MCIR Query](#) 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 above, so that you completely understand the confidentiality regulations, restrictions, and requirements for using the MCIR.

### Step Two: Designate Member Type

Under the Provider Information heading, specify whether you are registering as a Health Care Organization or Health Plan member. You may check only one option.

### Step Three: Enter Site Demographic Data

- Enter the **full name** and **title** of the **person** accessing MCIR data.
- Enter the complete name of the **Facility or Organization**.
- **Note:** 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.

### Step Four: Sign and Submit Agreement

The User specified in Step 3 must **sign and date this agreement**. Completed applications should be sent to the MCIR Query for processing via email: [MDHHS-MCIRQueryHelp@michigan.gov](mailto:MDHHS-MCIRQueryHelp@michigan.gov)

I am registering as a member of (**Check One Only**):      Health Care Organization      Health Plan

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

### APPLICANT/ORGANIZATION INFORMATION (All fields required). Please Print or Type.

<b>Facility/Organization Name:</b>		
<b>Applicant Full Name:</b>	<b>Other License #</b> (specify LPN, RN, LSMW, etc.):	
<b>Facility Street Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Applicant’s Email Address:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>Applicant’s Signature:</b>	<b>Date Signed:</b>	