

Michigan Care Improvement Registry (MCIR)

Request to Change School/Childcare Site Administrator

In accordance with Public Act 540 of the Public Acts of 1996, Amended 2006, Act 91, the Michigan Department of Community Health (MDCH) has established the Michigan Care Improvement Registry (MCIR) to record information regarding immunizations administered by health care providers. Access to the MCIR is permitted for the sole purpose of providing information and documentation needed for immunization purposes. Users of the system must refrain from employing the MCIR and data on the MCIR for any use other than that required to provide immunization services. Access to the MCIR data base is permitted under the provisions of MCL 540.9201, 9206 and 9227. Access to MCIR data is under the terms and conditions prescribed by the MDCH. Improper use of the MCIR will result in revocation of the user's access privileges. The MDCH 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: **517-324-6099 or mail to: MCIR Support Project, MPHI-ISG, 2438 Woodlake Circle Suite 240, Okemos, MI 48864.**

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 333.791-333.797) 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 the use of my access privileges by any other person, unless I have authorized such use.
- I will report any threat to or violation of the MCIR security.

MCIR User Information: PLEASE PRINT or TYPE

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.

PHYSICAL ADDRESS

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|---|
| Facility: |
| Address: |
| <div style="display: flex; justify-content: space-between;"> Street City State Zip County </div> |
| Phone Number: |
| NOTE: If you are requesting access to multiple sites, please fill out <u>one request form per site.</u> |

CURRENT SITE ADMINISTRATOR INFORMATION

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| Print Current Site Administrator's Name: (This person will be removed from the MCIR site.) |
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NEW SITE ADMINISTRATOR INFORMATION

| | |
|---|--------------|
| Print New Site Administrator's Name: | |
| Do you have a MCIR ID <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please provide: | |
| (REQUIRED) E-mail Address: | |
| Signature: | Date Signed: |