

# Michigan Care Improvement Registry (MCIR) Provider Site Usage Agreement 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 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 professional, as defined in MCL 333.9206, 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 MCIR Help Desk at [MDHHS-MCIRHelp@michigan.gov](mailto:MDHHS-MCIRHelp@michigan.gov) or via fax to 517-763-0370. For assistance with this form, [contact the MCIR Education and Training Analyst](#) for your geographic area.

## **As a user of the Michigan Care Improvement Registry (MCIR), 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 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).
- 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](http://www.michigan.gov/irb)). Refer to Admin Rule R 325.9055.

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Complete this agreement and submit it via email to [MDHHS-MCIRHelp@michigan.gov](mailto:MDHHS-MCIRHelp@michigan.gov) or via fax to 517-763-0370 for approval before gaining access to the Michigan Care Improvement Registry (MCIR). Follow the instructions below to complete the MCIR Provider Site Usage Agreement.

## Read the Agreement

Carefully read the **entire** agreement, including the bulleted list of statements on the first page, so that you completely understand the confidentiality regulations, restrictions, and requirements regarding use of the MCIR. Applications will be returned for missing information.

## Section 1: Site ID and Application Type Selection – Required for ALL Sites

1. **New MCIR Site** – A provider may request access to MCIR and establish a new MCIR site.
2. **Site Renewal** – A MCIR site must renew their MCIR access rights every three years according to MCIR legislation. Existing MCIR Site Administrators are encouraged to [renew electronically in MCIR](#) rather than submit this form. Using the form for renewal is suggested only when a site needs to also update their Site Administrator.
3. **Change Site Administrator** – A provider may request Site Administrator access themselves, add new Site Administrator(s), or remove previous Site Administrators. List the name of the Site Administrator being removed if applicable.
4. **Update Supervising Physician/Pharmacist** – Change the listed supervising physician or pharmacist. A MCIR provider site must have a current supervising physician or pharmacist listed.
5. **Update Information** – A provider may change information submitted on their previous MCIR Provider Site Usage Agreement such as address, phone number, or the name of a site.
6. **Discontinue Site** – A provider may request to have a MCIR site disabled.

## Section 2: Registration Information – Required for NEW Sites

Select Site Type and answer the questions about how the site intends to use MCIR, plans for vaccine administration or HL7 data transfer, and if the site is interested in training. **Check the box to indicate you agree to the security agreement.**

## Section 3: Applicant/Organization Information – Required for ALL Sites

Enter the requested information. Be sure to include the Supervising Provider Name, License Number, Issuing State, and Signature. Supervising Providers include licensed Physicians, Physician Assistants, Nurse Practitioners, and Pharmacists who are authorized to enter health-related data. All items are required except for the MCIR Site ID for NEW sites only.

## Section 4: Site Administrator Information – Required for NEW Sites

New sites must identify at least one Site Administrator (Administrators can add or remove Site Users). Enter the requested information. If you have used MCIR in the past, even for a different employer, enter your MiLogin for Business User ID. If you have not used MCIR before and are applying to become the Site Administrator, [register for a MiLogin for Business account](#).

## Sign and Deliver the Agreement:

The Supervising Provider should sign the form if they have not done so already. Signatures are also required from Site Administrator(s). Return the completed form to [MDHHS-MCIRHelp@michigan.gov](mailto:MDHHS-MCIRHelp@michigan.gov) or via fax to 517-763-0370.

**Acceptable signatures** on the Provider Site Usage Agreement include the supervising Physician, Pharmacist, PA, or NP. This is revised instruction as of January 17, 2024.

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Review the agreement, then submit the completed form to the MCIR Help Desk to:

- Start a new site and gain access to MCIR.
- Renew a MCIR site [Site Administrators are encouraged to [renew electronically](#) in MCIR]
- Change site administrator information.
- Change information for a MCIR site.
- Discontinue sites.

All fields unless otherwise specified are REQUIRED.

Send completed forms via email to [MDHHS-MCIRHelp@michigan.gov](mailto:MDHHS-MCIRHelp@michigan.gov) or via fax to (517) 763-0370.

## SECTION 1: SITE ID AND APPLICATION TYPE SELECTION (REQUIRED FOR ALL SITES)

MCIR SITE ID (new site requests may leave blank): \_\_\_\_\_

Check all that apply (multiple options may be selected):

- NEW MCIR SITE:** Establish a new MCIR site and be granted access rights to MCIR.
- SITE RENEWAL:** Renew a MCIR site's access rights to MCIR.

Note: Site renewal can also be done [electronically directly in MCIR](#).

**CHANGE SITE ADMINISTRATOR:** Change the Site Administrator for a MCIR site. Select **one**:

- Remove all prior Site Administrators. Add **NEW** Site Administrator(s).
- Leave current Site Administrator(s). Add **ADDITIONAL** Site Administrator(s)
- Remove specific Site Administrator(s). Name: \_\_\_\_\_
- UPDATE SUPERVISING PROVIDER:** Update the supervisor (Physician, Pharmacist, NP, PA) for a MCIR site.
- UPDATE INFORMATION:** Change information in a MCIR Site (address, phone number, site name)
- DISCONTINUE SITE:** Discontinue use of a MCIR site.

## SECTION 2: REGISTRATION INFORMATION (REQUIRED FOR NEW SITES ONLY)

Site Type:  Pediatrician  Internist  OB/GYN  Family Practitioner  
 Pharmacy  Hospital  Urgent Care  Other \_\_\_\_\_

How does the site plan to use MCIR (check all that apply):

- Search immunization records  View screening results (hearing, lead, newborn)
- Enter immunizations  Other \_\_\_\_\_

Does the site plan to administer immunizations:  Yes  No

If yes, what vaccines: \_\_\_\_\_

If yes, does the site have immunizations currently in inventory:  Yes  No

Does the site plan on using HL7 data transfer to input immunizations to MCIR:  Yes  No

Is the site interested in MCIR training for applicant or other staff:  Yes  No  Already trained

- 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 any violation of these provisions may result in termination of access privileges and/or recommendation for prosecution.

Continue to Page 2 to complete applicant/organization information and site administrator information.

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## SECTION 3: APPLICANT/ORGANIZATION INFORMATION (REQUIRED FOR ALL SITES)

<b>Applicant Full Name:</b>			
<b>Organization/Practice Name:</b>		<b>MCIR Site ID</b> (if known, new sites skip):	
<b>Supervising Physician/Pharmacist/NP/PA Name:</b>		<b>License Number:</b>	<b>Issuing State:</b>
<b>Facility Street Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>County:</b>
<b>Phone Number:</b>	<b>Ext. Number:</b>	<b>Fax Number:</b>	
<b>Applicant's Email Address:</b>			
<b>Supervising Physician/Pharmacist/NP/PA Signature:</b>			<b>Date:</b>

## SECTION 4: SITE ADMINISTRATOR INFORMATION (REQUIRED FOR NEW SITES OR FOR SITES CHANGING SITE ADMINISTRATORS)

If you are applying as a <b>NEW SITE</b> , or if you need to update your Site Administrator, complete the information for <b>at least one</b> Site Administrator below.	
<b>Site Administrator 1 Name:</b>	<b>Site Administrator 2 Name:</b>
<b>Do you have a MiLogin for Business User ID?</b> <input type="checkbox"/> YES: _____ <input type="checkbox"/> NO	<b>Do you have a MiLogin for Business User ID?</b> <input type="checkbox"/> YES: _____ <input type="checkbox"/> NO
<i>Note: MiLogin for Business is formerly MiLogin for Third-Party. If you have ever used MCIR in the past (even for a different employer), please include your User ID above.</i>	
<b>Site Administrator 1 Email Address:</b>	<b>Site Administrator 2 Email Address:</b>
<b>Site Administrator 1 Signature:</b>	<b>Site Administrator 2 Signature:</b>
<b>Date Signed:</b>	<b>Date Signed:</b>

Return completed forms via email to [MDHHS-MCIRHelp@michigan.gov](mailto:MDHHS-MCIRHelp@michigan.gov) or via fax to (517) 763-0370.

Contact the MCIR Help Desk for assistance at (888) 243-6652, Monday – Friday 8:30AM – 4:30PM.

### MCIR STAFF ONLY:

Date Completed: \_\_\_\_\_ License Verified(Y/N): \_\_\_\_\_ Staff Initials: \_\_\_\_\_