

# Michigan Care Improvement Registry (MCIR)

## Postsecondary Education Institutions Roster Application and Agreement

In accordance with 1996 Public Act 540, as amended by 2006 Public Act 91, and codified as MCL 333.9207 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 reported data under the law. MDHHS may grant access to MCIR data “upon receipt and acceptance of a written agreement between the user and the department that stipulates the terms and conditions of obtaining information.”<sup>11</sup> Users must refrain from using the MCIR or MCIR data except as allowed by this written agreement. Improper use of the MCIR will result in revocation of the user’s access privileges and potential legal liability. The MDHHS reserves the right to revoke a user’s access privileges at any time, without notice.

Send the signed and dated **Postsecondary Education Institutions Roster** to MDHHS Division of Immunization at [MDHHS-MCIRHelp@michigan.gov](mailto:MDHHS-MCIRHelp@michigan.gov) or fax 517-763-0370.

### Postsecondary Education Institution Information: PLEASE PRINT or TYPE. ALL fields required.

Institution:	MCIR Site ID (if an existing site):			
Address				
Street	City	State	Zip Code	County
Phone:	Fax:			

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

- An immunization record obtained from the MCIR shall be accepted for the purpose of verifying vaccination status only if all of the conditions in this Agreement are met.
- The institution must obtain the prior written consent<sup>2</sup> from the individual whose vaccination status is to be confirmed via MCIR.
- Prior to obtaining consent, the Institution must inform the individual how to access and view their own MCIR records to ensure the individual is aware of what information the Institution may access.
- For the duration of the individual's affiliation with the Institution, the Institution retains a paper or digital copy of the individuals written consent and makes that consent available to MDHHS upon demand.
- The Institution agrees to maintain the confidentiality of the information accessed as required by all applicable state and federal laws.
- The Institution has identified to MDHHS the appropriate Supervising Authorities to whom the Institution has granted the responsibility and necessary authority to:
  - ensure that the individual’s consent is properly obtained;
  - approve the review of the individuals MCIR vaccination records; and

<sup>1</sup> [Mich. Admin. Code R. 325.162.](#)

<sup>2</sup> Electronic signature is acceptable as written signature.

- maintain the confidentiality of the information accessed and reviewed.

**Student Site Administrator Information: PLEASE PRINT or TYPE. ALL fields required.**

Name (Print):	
Position Title:	
Email:	
I have read and agree to the above terms and have the authority to enter this Agreement on behalf of the Facility.	
Signature:	Date Signed:

**Employee Site Administrator Information: PLEASE PRINT or TYPE. ALL fields required.**

Name (Print):	
Position Title:	
Email:	
I have read and agree to the above terms and have the authority to enter this Agreement on behalf of the Facility.	
Signature:	Date Signed:

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

- An immunization record obtained from the MCIR shall be accepted for the purpose of verifying vaccination status only if all of the conditions in this Agreement are met.

- The institution must obtain the prior written consent<sup>3</sup> from the individual whose vaccination status is to be confirmed via MCIR.
- Prior to obtaining consent, the Institution must inform the individual how to access and view their own MCIR records to ensure the individual is aware of what information the Institution may access.
- For the duration of the individual's affiliation with the Institution, the Institution retains a paper or digital copy of the individuals written consent and makes that consent available to MDHHS upon demand.
- The Institution agrees to maintain the confidentiality of the information accessed as required by all applicable state and federal laws.
- The Institution has identified to MDHHS the appropriate Supervising Authorities to whom the Institution has granted the responsibility and necessary authority to:
  - ensure that the individual's consent is properly obtained.
  - approve the review of the individuals MCIR vaccination records; and maintain the confidentiality of the information accessed and reviewed.

Student Supervising Authority Information: PLEASE PRINT or TYPE. ALL fields required.

Name (Print):	
Position Title:	
Email:	
I have read and agree to the above terms and have the authority to enter this Agreement on behalf of the Facility.	
Signature:	Date Signed:

Employee Supervising Authority Information: PLEASE PRINT or TYPE. ALL fields required.

Name (Print):	
Position Title:	
Email:	

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<sup>3</sup> Electronic signature is acceptable as written signature.

I have read and agree to the above terms and have the authority to enter this Agreement on behalf of the Facility.

Signature:

Date Signed:

This document is subject to revision or withdrawal at any time at the discretion of the MDHHS. Rev 7.2022