Michigan Care Improvement Registry

Provider Site Usage Agreement – Employer Addendum

Provider as Employer:

In addition to the access to the Michigan Care Improvement Registry ("MCIR") described in the Provider Site Usage Agreement, and subject to the limitations on use set forth in that document, a **Site Administrator** MCIR user **may access MCIR for the purpose of verifying the vaccination status of an employee IF the following conditions are met**:

- The Provider/Provider Organization obtains the prior written consent of the employee(s) whose vaccination status is to be confirmed to access their record via MCIR;
- The Provider/Provider Organization indefinitely retains a copy of written consent materials and makes those materials available to MDHHS upon demand.

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

(REQUIRED) MCIR ID of the site that will be used for Employee Vaccination Status Checks:

(REQUIRED) Organization/Practice Name

(REQUIRED) Supervising Physician/Pharmacist/Nurse Practitioner's Full Name, License # and Issuing State:

Facility Site Address:

Street

City | State | Zip Code | County

Phone # (include area code)

(REQUIRED) Site Administrator's Name:

(REQUIRED) Site Administrator's E-Mail Address:

(REQUIRED) Supervising Physician/Pharmacist/Nurse Practitioner's Signature:

(REQUIRED) Date Signed:

FAX the Provider as Employer Addendum signed and dated to MDHHS Division of Immunization at (517) 335-9855.