

I, \_\_\_\_\_, employee of St. Clair County Community Mental Health, authorize, and consent is hereby given, for CMH designee to access my immunization record through the Michigan Care Improvement Registry (MCIR) related to the Hepatitis B vaccine.

Although only information related to Hepatitis B vaccine will be accessed, I understand that technically my entire immunization record is accessible once logged into the MCIR. I understand that any information obtained will be treated as confidential and will not be released or used by anyone other than St. Clair County Community Mental Health personnel as appropriate and necessary.

My signature indicates authorization and consent to use my birthdate, provided below, to access the MCIR database for information related to Hepatitis B vaccine.

Employee Birthdate (mm/dd/yyyy)

Witness \_\_\_\_\_ Date \_\_\_\_\_

Original: Personnel File  
Copy: Authorized CMH Staff Person