## St. Clair County Community Mental Health Authority **Authorization Consent to Access Michigan MCIR**

Ι,	, emplo	yee of St. Clair	County Community Mental Hea	lth, 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.					
Al	though only information relate	d to Hepatitis B	vaccine will be accessed, I unde	erstand that technically	
my entire immunization record is accessible once logged into the MCIR. I understand that any information					
obtained	will be treated as confidential a	and will not be r	eleased or used by anyone othe	er than St. Clair County	
Commun	ity Mental Health personnel as	appropriate and	I necessary.		
М	My signature indicates authorization and consent to use my birthdate, provided below, to access the				
MCIR database for information related to Hepatitis B vaccine.					
Employed	Signatura	Date	Employee Birthdate (mm/dd	1/2004	
Employee	e Signature	Date	Employee Birthdate (mm/dd	/ уууу)	
			Witness	Data	
			Witness	Date	
0.333	December 15th				
Original: Copy:	Personnel File Authorized CMH Staff Person				

HR Form: #06-0827 Revised Date: 9/1/2023 Policy Ref: #03-002-0025