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

Ι,	I,, employee of St. Clair County Community Mental Health, authorize, and			
consent is hereby given, for C	MH designee to access my	immunization record through	the Michigan Care	
Improvement Registry (MCIR)	related to the Hepatitis B	vaccine.		
Although only informa	tion related to Hepatitis B	vaccine will be accessed, I unde	erstand that technically	
my entire immunization recor	d is accessible once logged	d into the MCIR. I understand t	hat any information	
obtained will be treated as co	nfidential and will not be r	released or used by anyone oth	er than St. Clair County	
Community Mental Health pe	rsonnel as appropriate and	d necessary.		
My signature indicates	authorization and consen	nt to use my birthdate, provided	below, to access the	
MCIR database for informatio	n related to Hepatitis B va	ccine.		
Employee Signature	Date	Employee Birthdate (mm/do	d/yyyy)	
		Witness	Date	
Original: Personnel File Copy: Authorized CMH Sta	aff Person			

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