



Michigan Department of Health and Human Services
Bureau of EMS, Trauma and Preparedness
Division of EMS and Trauma
P.O. Box 30207
Lansing, MI 48909-0207
517-335-8150 (Phone)
www.michigan.gov/ems

Michigan Emergency Medical Services Information System MCA User Agreement – October 2018

In accordance with Part 209 of the Public Health Code (PHC), the Michigan Department of Health and Human Services (MDHHS) has established the Michigan Emergency Medical Services Information System (MI-EMSIS) to collect pre-hospital patient care information about emergency services provided to Michigan citizens. Access to the MI-EMSIS is permitted for the sole purposes described in Part 209 of the PHC and the Michigan Administrative Code R 325.22101 through R 325.22217. Users of the system must refrain from using and disclosing the MI-EMSIS data or system for any use other than that required to complete obligations under the aforementioned statute and administrative rules. Improper use of the MI-EMSIS will result in any or all of the following: revocation of the user's access privileges, potential liability under Michigan Computer Crime Laws, the Michigan Identity Theft Protection Act, and any other applicable state or federal confidentiality law. The MDHHS reserves the right to revoke a user's access privileges at any time, without notice.

Please read the following statements. If you agree to abide by these statements, please complete the information requested below and return this agreement to the MDHHS - Division of EMS and Trauma.

As a user of the MI-EMSIS system, I accept and agree to the following as well as to the extent applicable the Health Insurance Portability and Accountability Act (HIPAA), the Michigan Identify Theft Protection Act, and all other applicable public health, research, and confidentiality laws:

- I will handle information or data contained in or obtained from or through the MI-EMSIS system in a confidential manner;
- I will restrict my use of the MI-EMSIS system to access information and generate reports only as necessary to properly conduct the administration and management of my duties as they relate to Part 209 of the Public Health Code and applicable administrative rules or as otherwise required by law;
- I understand that the use or disclosure of data contained in or obtained from or through the MI-EMSIS system for research purposes outside of my normal job duties, must be approved in writing by MDHHS's Institutional Review Board (IRB) and may require execution of a separate agreement. I agree to refer any request for data that may be for research purposes to the MDHHS IRB for evaluation prior to making any disclosure of data. If approval is granted, I will acknowledge the MDHHS as an appropriate source of data, etc., assume full responsibility for the analysis and interpretation of the data, and provide a copy of the publication to MDHHS;
- I will not use the data provided to engage in any method, act, or practice which constitutes a commercial solicitation or advertisement of goods, services, or real estate to consumers;
- I understand that my transactions on the MI-EMSIS system are logged and are subject to being audited;
- I will not furnish information or data obtained through the MI-EMSIS system either to individuals for



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personal use or to any individuals not directly involved with the conduct of my duties as they relate to Part 209 of the Public Health Code;

- I will not alter or falsify any data obtained through the MI-EMSiS system nor will I alter data input into the system or otherwise violate the Michigan Computer Crime Law (MCL 752.794-752.797) or Part 209 of the Public Health Code;
- I will not attempt to copy all or part of the database or the software used to access the MI-EMSiS system in any unauthorized fashion;
- I will not violate the Michigan Identity Theft Protection Act and any other applicable confidentiality law;
- I will carefully safeguard my access privileges and password for the MI-EMSiS system and I will not permit the use of my access privileges or password by any other person;
- I will make no attempt to identify or contact the individuals or entities within the data provided under this Agreement unless permitted in Part 209 of the Public Health Code or the Michigan Administrative Code R 325.22101-R 325.22217;
- I will destroy all originals and copies of potentially identifiable information, in any format, in accordance with MDHHS policies and procedures when no longer needed. This includes, but is not limited to: magnetic tapes, micro disk files, paper records, hard drives, etc.
- I will notify the Division of EMS and Trauma immediately upon receiving a request for data in the MI-EMSiS system under a subpoena, court order, Freedom of Information Act request, or similar process, so that MDHHS may have an opportunity to take action to object to such disclosure if necessary. FOIA requests should be reported to MDHHS-FOIA@michigan.gov and Subpoenas to MDHHS-subpoena@michigan.gov for processing;
- I will report any real or suspected breaches of other unauthorized uses or disclosures to the Division of EMS and Trauma and MDHHS-PrivacySecurity@michigan.gov immediately upon becoming aware of such unauthorized use or disclosure.

I affirm that I have read the above user agreement and I understand this information and agree to comply with the above provisions. Further, I understand any violation of these provisions may result in termination of access privileges and recommendation for prosecution. I also affirm that all statements I have made on this form are true and accurate to the best of my knowledge and my electronic signature is considered my personal signature.



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User Name:

User Email Address (Must be the hospital/agency email account):

User Signature:

Date:

MCA/Agency Name:

MCA/Agency Address:

Phone Number:

Fax Number:

As the responsible MCA Representative, I affirm that the user above is an employee of our Medical Control Authority and I approve the user to have access to MI-EMSIS for purposes of performing their job duties. If the user leaves the service of the MCA, I will immediately notify the Division of EMS and Trauma.

Responsible MCA Representative Name:

MCA Representative Signature:

Date: