Michigan Facility Reported Incidents for Long Term Care
Authorization Form for Corporate Administrators and Corporate Read Only accounts

The Bureau of Community and Health Systems (BCHS) will accept Facility Reported Incident (FRI) data submissions via the Michigan Facility Reported Incidents for Long Term Care (MI-FRI) application. This form is used to request Corporate User access to the MI-FRI application. Corporate users can access information for multiple facility's using a single MILogin ID and password. Corporate access to MI-FRI cannot be granted without authorization from the administrator of each facility.

By signing and submitting this document, the administrator is agreeing to the following:

1) The user identified below is approved to register for access to the facility's information via the MILogin/MI-FRI applications and submit data on behalf of the facility.

2) The administrator will notify BCHS in writing if the user is no longer authorized to submit or access data for the facility, and request the account be disabled. The removal request is to be sent to LARA-MDS-OASIS@MICHIGAN.GOV

Please check the appropriate box for this request (select one):

☐ Administrator Role ☐ Read Only Role ☐ Request to remove access

User's Name (First and Last): _____

User's Contact Phone: _____

User's Contact Email: _____

User's MILogin Username: _____

Corporation Name: _____

Corporate Tax ID: _____

The MI-FRI system sends automated emails at specified process points. If you do not wish to receive email notifications on behalf of your facility, please check the appropriate box(es) below:

☐ Incidents Submitted   ☐ Investigations Submitted
☐ Overdue Investigations ☐ Investigations Closed by the State Agency

By signing this form, you are attesting that you have received, reviewed, and will abide by the Security portion of the MI-FRI user manual.

User Signature: _____ Date: __/___/_____

Please complete the second page of this form, including the signature of the current administrator at each facility. Once all signatures have been received, submit both pages together as an attachment to: LARA-MDS-OASIS@MICHIGAN.GOV

Facility ID	Facility Name	Facility Administrator's Name (Printed)	Facility Administrator's Signature	Date