

## Michigan Facility Reported Incidents for Long Term Care Authorization Form for Facility Administrators and Workers

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. MI-FRI access is granted to the current administrator of the facility and up to five (5) additional facility users who must be authorized by the administrator.

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 or deactivate the user account on the MI-FRI system. The removal request is sent to [LARA-MDS-OASIS@MICHIGAN.GOV](mailto:LARA-MDS-OASIS@MICHIGAN.GOV)

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

Administrator Role     Worker Role     Request to remove access

Facility ID: \_\_\_\_\_

Facility Name: \_\_\_\_\_

User's Name (First and Last): \_\_\_\_\_

User's Contact Phone: \_\_\_\_\_

User's Contact Email: \_\_\_\_\_

User's MILogin Username: \_\_\_\_\_

Facility Administrator Name (Please Print): \_\_\_\_\_

\_\_\_\_\_  
Facility Administrator Signature: Date: \_\_/\_\_/\_\_\_\_

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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: \_\_/\_\_/\_\_\_\_

Submit the completed form as an attachment to: [LARA-MDS-OASIS@MICHIGAN.GOV](mailto:LARA-MDS-OASIS@MICHIGAN.GOV)