



INSTRUCTIONS: 1. Each user within your facility must complete this form
 2. Return page one (1) via fax to: 217.524.0967 or mail to: IDPH, 525 W Jefferson St, FL1 Imm Section, Springfield, IL 62761 or scan document and e-mail as an attachment to: DPH.ICARE@illinois.gov.

INDIVIDUAL USER AGREEMENT AND CONFIDENTIALITY STATEMENT

Site Manager: Please have the employee in your facility who needs I-CARE access to read and sign this form. You must also indicate at the bottom of this form the level of use for this User and sign. This form must be completed prior to receiving a User ID and password. **The signed copy of this form is to be kept in the Employee’s Personnel File.** Only personnel whose assigned duties include functions associated with the immunization of clients can be given access to Registry information. Site Managers shall notify IDPH within 48 hours of any change in status of any register users upon termination of employment or redefining of roles.

User: The I-CARE Registry is implemented by the Illinois Department of Public Health (IDPH) as authorized by the Immunization Data Registry Act, 410 ILCS 527. Data in the I-CARE Registry may only be used to assure to assure adequate immunization, avoid unnecessary immunizations, meet immunization requirements, and for other public health purposes as determine by IDPH.

All information in the system is confidential, and all users have a responsibility to abide by confidentiality laws. Users who misuse information contained in the I-CARE Registry will have their access to I-CARE immediately revoked by IDPH. An incident report will be filed, and following investigation, appropriate action will be taken, which may include a civil or monetary penalty, as allowed by state law. Patient- or provider-specific information is only available to authorized users.

By signing this form, the User acknowledges the conditions under which access to the I-CARE system is granted, and agrees to the following:

- I have read and agree to abide by the I-CARE Security and Confidentiality Policy
- I understand that I-CARE data is confidential and may only be used as outlined in this form.
- I understand that my User ID and password are for my use only.
- I am responsible for safeguarding my User ID and password.
- I may not give my User ID or password to any other individual.
- I will not post my User ID or password.
- I understand that I will be required to change my password periodically.
- I agree not to leave the computer unattended when I have an I-CARE session open.
- I agree to log off and close the browser when I am finished with an I-CARE session.

 Employee Name (*please print legibly*) Employee Signature Date

 Facility Name & Location (*Street Address, City, State, ZIP*)

 Phone (including area code) Individual e-mail address (*Group or multi-user e-mail is unacceptable.*)

SIGNATURE REQUIRED TO PROCESS REQUEST: This individual is approved to access I-CARE for this facility.

Access Required: View Only Full-Access Inventory Lot Management

Site Manager or Supervisor Signature: _____