



This enrollment packet contains all the information you need to enroll in I-CARE.

Access to I-CARE requires the following agreements that are submitted together electronically via this link:

<https://app.smartsheet.com/b/form/12744a4eb7c34ef4a7cb33f230d4e698>

1. Access to I-CARE requires the user to register for the [IDPH web portal](#). The access agreement or “User Registration Confirmation” received via email (example below) must be signed by the user, the user’s supervisor, and the Portal Registration Authority (PRA) for your site. This is an individual registration and is only completed ONCE per individual, not one per site with which they are affiliated.

2. On the IDPH web portal “User Registration Confirmation”, if there was not a PRA available for your site, you will need to establish one before your ICARE enrollment can be processed. The Portal Registration Authority form (example below) will be emailed to users that need to complete it by IDPH security/help desk. If you receive this form, make sure to send it back promptly to avoid delays.

3. If your site is not already established in I-CARE, then an I-CARE provider (site) enrollment form must be submitted. If you are unsure, please submit one.



INSTRUCTIONS: Please complete and upload using [this link](https://app.smartsheet.com/b/form/12744a4eb7c34ef4a7cb33f230d4e698) to submit form electronically:
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PROVIDER SITE ENROLLMENT

4. Each user will need to submit an I-CARE Individual User Agreement.



INSTRUCTIONS:
 1. Each user needing access to I-CARE within your facility must complete this individual user agreement.
 2. Please complete and upload using [this link](https://app.smartsheet.com/b/form/12744a4eb7c34ef4a7cb33f230d4e698) to submit form electronically:
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INDIVIDUAL USER AGREEMENT AND CONFIDENTIALITY STATEMENT

***Please note that not all applicants will be granted access and that enrolling in I-CARE does not guarantee that your site will be eligible to receive COVID vaccine.**



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PROVIDER SITE ENROLLMENT

To participate in the Immunization Data Registry known as Illinois Comprehensive Automated Immunization Registry Exchange (I-CARE)

The I-CARE Registry (Registry) is an electronic web-based immunization data registry operated by the Illinois Department of Public Health (IDPH) as authorized by the Immunization Data Registry Act, 410 ILCS 527. The Registry is accessible only to enrolled users who have predefined roles. Enrolled health providers can submit and obtain immunization information for patients, including tracking and recall. Patient information is confidential and only available to authorized users.

The immunization records all children and adults in Illinois may be included in the Registry without consent. An individual, parent, or legal custodian may have a client's record excluded from the Registry at any time by completing the Illinois' Immunization Registry Opt-Out Form. Participation in the Registry is voluntary.

As a condition of participating in the Registry, the Provider enters into this Agreement with the Illinois Department of Public Health (IDPH), and agrees to the following:

- To use the Registry only for immunization needs of patients. The Provider and his/her staff will access the Registry
 - To assure adequate immunization,
 - To avoid unnecessary immunizations,
 - To confirm compliance with mandatory immunization requirements,
 - To conduct ongoing or special immunization coverage assessments, or
 - To accomplish other public health purposes as determined by IDPH.
- If this agreement is violated by any use of the Registry in an unauthorized manner, IDPH reserves the right to terminate access to the Registry.
- The Provider shall abide by the requirements in Attachment A, I-CARE Confidentiality Agreement, which is incorporated by reference in this agreement. Each staff member needing access to the Registry must sign the Individual User Agreement and Confidentiality Statement, which must be kept in the employee's personnel file.
- The Provider acknowledges that unauthorized disclosure of confidential information may result in civil penalties. The Provider will take reasonable steps to assure employee compliance with confidentiality requirements.
- The Provider shall furnish specified demographic and immunization information about patients receiving immunizations promptly, striving for submission within one week after immunization administration.

PROVIDER SITE ENROLLMENT

(To participate in the Illinois Comprehensive Automated Immunization Registry)

Name of the Organization _____

Organization Type: Health Care Provider Pharmacy
 Elementary or Secondary School College/University
 Federally Qualified Health Center Child Care Center
 Other: Please specify _____

How many clinical sites do you have? _____

Will additional clinical sites be submitting enrollments? YES NO N/A

How will you be submitting data to I-CARE: Direct Data Entry Electronic Import (HL7)

Is this Clinical Site a VFC (*Vaccine for Children*) provider? NO YES PIN # _____

Enrolling Site Name: _____

Enrolling Site Address: _____

Enrolling Site Contact: _____

Phone: _____ County: _____

FAX: _____ Site Contact E-Mail: _____

Signing this form signifies that you are in agreement with the items outlined on page one of this form.
*Electronic signature with a time/date stamp are acceptable. Please keep a copy for yourself, send completed and signed forms to the I-CARE Program electronically using [this link: https://app.smartsheet.com/b/form/12744a4eb7c34ef4a7cb33f230d4e698](https://app.smartsheet.com/b/form/12744a4eb7c34ef4a7cb33f230d4e698)

Signature of Provider or Authorized Representative

Date

Printed Name and Title Authorized Representative

Date



I-CARE

Illinois Comprehensive Automated
Immunization Registry Exchange

INSTRUCTIONS:

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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 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*: _____

*electronic signatures acceptable