

INSTRUCTIONS FOR CHIMS PROVIDER PORTAL ACCOUNT APPLICATION



CHIMS (Chicago Health Information Management System) is an electronic surveillance system utilized by the Chicago Department of Public Health for the reporting of new cases of sexually transmitted infections (STIs)[†] and HIV/AIDS by Chicago health care professionals[‡].

The CHIMS Provider Portal facilitates the electronic submission of the above-mentioned case reports.

The following instructions detail the procedures for submitting account applications for the CHIMS Provider Portal.

- * Go to the **CHIMS Provider Portal Account Application Login Page**: <https://chims.cityofchicago.org/maven/portalLogin.do>
- * If you are registering for a new CHIMS Provider Portal Account, click on **REGISTER**.
- * If you have already started a CHIMS Provider Portal Account Application, please enter your **USERNAME** and **PASSWORD** and click on **LOGIN** in order to continue the application process.

HEALTHY CHICAGO
CHICAGO DEPARTMENT OF PUBLIC HEALTH

Welcome

Welcome to the Chicago Health Information Management System (CHIMS) Provider Portal Account Application System, managed by the Chicago Department of Public Health (CDPH). This system will allow you to accomplish the following:

- Start or resume account application
- Submit your application

Register

Login

If you already started your application, please login below.

Username

Password

Login

Forgot your password? [Reset password](#)

CHIMS Provider Portal Account Application Login Page

[†] At this time, only cases of syphilis, congenital syphilis, and HIV/AIDS may be reported via the CHIMS Provider Portal.

[‡] The Illinois Administrative Code defines a health care professional as a physician (MD or DO) licensed to practice medicine in all its branches, a licensed physician's assistant (PA), or a licensed advanced practice nurse (APN).

For more information regarding the requirements for mandated reporting of sexually transmitted infections (STIs) and HIV/AIDS in the State of Illinois, refer to the following websites:

<http://www.ilga.gov/commission/jcar/admincode/077/07700693sections.html> and <https://www.ilga.gov/commission/jcar/admincode/077/07700697sections.html>.



- * Complete the fields on the **Portal Account Registration Page**. Fields highlighted in **GREEN** are required.
- * Once the fields have been completed, click on **SAVE**.

Registration

To begin your application, please fill in the information below. Enter your email address as your Username. Please use your work address.

* indicates a required field

Account Information

Username *

Password *

Confirm Password *

Profile Information

First Name *

Middle Name

Last Name *

Birth Date

Gender *

Contact Information

Street *

City *

State *

Zip Code *

County

Country

Home Phone

Mobile Phone

Work Phone *

Email *

Security Question

Security Question *

Security Answer *

Confirm Security Answer *

Save

Cancel

Portal Account Registration Page



* To continue with the application process, click on **Create New Application**.

Welcome to the CHIMS Provider Portal Account Application System

Please select the type of the application you want to create below

Portal Account Application

Create New Application

* Complete the following fields on the **Portal Account Application Page**. Fields highlighted in **GREEN** are required.

- ◆ Licensed in Illinois
- ◆ Medical License Type
- ◆ Medical License #
- ◆ Primary Specialty
- ◆ Secondary Specialty (if applicable)
- ◆ Preferred Communication
- ◆ Fax Number
- ◆ Practice Name
- ◆ Do you report on behalf of any agencies? (If Yes, specify the agency). To add additional agencies, click on **ADD NEW**.

* Once the fields have been completed, click on **NEXT >>**.

* To save the application information and complete at a later time, click on **SAVE**.

Certification and Classification	
Please enter the professional information of the provider for whom you primarily report.	
* Licensed in Illinois	<input type="text" value=""/>
* Medical License Type	<input type="text" value=""/>
* Medical license number	<input type="text" value=""/>
Primary specialty	<input type="text" value=""/>
Secondary specialty	<input type="text" value=""/>
Demographics	
To modify the fields that are read-only, use Edit User Profile on the main screen.	
* Preferred Communication	<input type="text" value=""/>
* Email address	<input type="text" value="joe.provider@email.com"/>
* Last name	<input type="text" value="Provider"/>
* First name	<input type="text" value="Joe"/>
Middle name	<input type="text" value=""/>
* Phone number	<input type="text" value="(555) 555-5555"/>
Fax number	<input type="text" value=""/>
* Practice name	<input type="text" value=""/>
Address	<input type="text" value="100 North Main St"/>
Address2	<input type="text" value="Suite 100"/>
City	<input type="text" value="Chicago"/>
Zip code	<input type="text" value="60660"/>
Reporting on Behalf of Agencies	
* Do you report on behalf of any agencies?	<input type="text" value=""/>
Name of agency	<input type="text" value=""/> Add New
DPH Yearly Review	
No data required for this section	

* Indicates required field

<< Back **Next >>** **Save** Cancel

Portal Account Application Page

- * Before submission, please review your provider portal account application information by clicking on [PORTAL ACCOUNT APPLICATION](#).
- * Once you have reviewed your information and are ready to submit your completed application, click on **SUBMIT APPLICATION**.
 - ◆ A dialog box will open at the top the screen. Click on **OK** to complete the submission of your application.
- * You will receive an email when your application has been processed.

CHIMS Provider Portal Account Application System

HomeJoe Provider

Welcome to Chicago DPH STD Provider Portal Account Application System

Welcome to the Chicago DPH STD Portal Account Application System

Active Record

Event Summary

Event ID100000093

DiseasePortal Account Application

Create Date05/21/2018

Once you have completed the form and are ready to submit, click 'Submit Application'.

Submit Application

Person Summary

NameProvider, Joe

GenderMale

Birth Date01/01/1977

Address100 North Main St Suite 100, Chicago, IL 60660

Phone(W) (555) 555-5555

Collected Information

Attached Documents

Question Package

Portal Account Application

Status

Completed

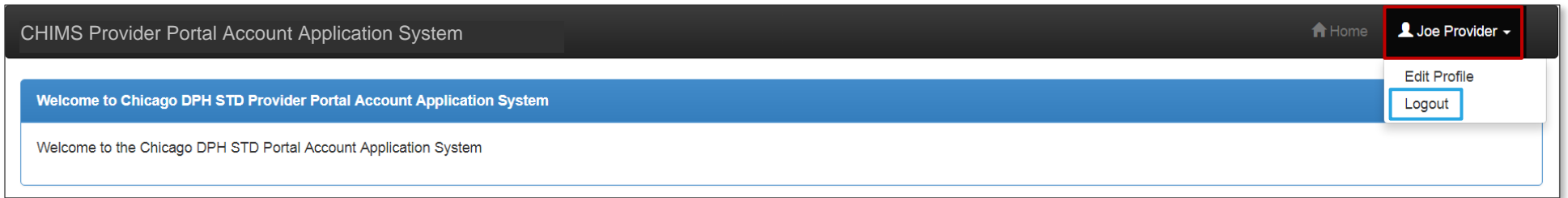
Showing 1 to 1 of 1 entries

Previous

1

Next

- * To logout of the CHIMS Provider Portal Account Application System, click on the **NAME** in the upper right-hand corner and then click on **LOGOUT**.



For questions, support, and technical assistance, please email chims@cityofchicago.org.