# How to Enroll in the Chicago Health Alert Network (HAN)

## Step 1

Navigate to <u>www.ChicagoHAN.org</u>

| 1 | Public Home - HAN - Chicago H X +  |     |
|---|--|-----|
| < | → C  |     |
|   | TO TO THE HEALT NETWORK  |     |
|   | Public Home Surveys Infection Control Conference Influenza STI Information Meningococcal Disease 2 | Zil |
|   | Varicella Mumps Measles Pertussis VFC Program HAI/AR Congenital Syphilis AntimicrobialSteward      | ds  |
|   | Vaping Related Lung Injury - EVALI   |     |

## Step 2

Click on "Learn more about the HAN and submit a membership request."

| -                          |  |
|----------------------------|--|
| AMARAN HEARD               | Sign In  |
| Public Home Surveys        | Infection Control Conference Influenza STI Information Meningococcal Disease Zika TB Opioid Information C. auris Acute Flaccid Myelitis      |
| Varicella Mumps M          | easles Pertussis VFC Program HAI/AR Congenital Syphilis AntimicrobialStewardship Rabies Hepatitis A PerinatalHepB Legionella                 |
| Vaning Related Lung Injun  | - B/Alt  |
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| HAN PUBLIC ALERTS          | Want to Recieve Health Alerte from the Chicago Department of Public  |
| HAN PUBLIC ALERTS          | Want to Recieve Health Alerts from the Chicano Department of Public<br>Learn more about the HAN and submit a membership                      |
| HAN PUBLIC ALERTS          | Want to Recieve Health Aleste from the Chicago Department of Public<br>Units<br>Learn more about the HAN and submit a membership<br>request. |
| HAN PUBLIC ALERTS          | Want to Recieve Health Alexts from the Chicano Department of Public<br>Learn more about the HAN and submit a membership<br>request.          |

## Step 3

Read the instructions, then click "Start."

| HAN REGISTRATIO  | N REQUEST   |   |   |                                      |  |
|--|---|---|---|--------------------------------------|--|
| Access Requ  | est Form  |   |   |                                      |  |
| Important! Please<br>Note: Fields with                   | e read the instruction<br>asterisks * are requin  | ns very carefully.<br>ed fields that you mus                                      | st fill out to complete the request.  |                                      |  |
| Introduction   | User Information  | Membership Type   | Subscriptions and Dynamic Groups  | Verification                         |  |
| The Chicag<br>partner age<br>You can cho<br>use of a HIF | o HAN is the Chicago D<br>ncles.<br>bose to receive alerts ar<br>PAA Compliant inbox to | epartment of Public Heal<br>nd see generally available<br>exchange protected heal | Ith (CDPH)'s primary method of sharing info<br>a information or choose to be a full member<br>th information. | rmation about urg<br>and have access | irgent and emerging public health situations with Chicago clinicians, laboratories and<br>ss to more detailed information about outbreaks and other topics as well as be granted |
| Click "Start"  | below to begin the prod   | Cess.   |   |                                      | Start  |
|  | _   |   |   | _                                    |  |

#### Step 4

On the "User Information" page, fill out required fields, then click "Continue." Use a unique, personal email. Using a group or clinic-wide email will lead to issues with registration.

| oortant! Please<br>te: Fields with as | read the instructio<br>sterisks * are requir | ns very carefully.<br>ed fields that you mu | st fill out to comple | te the request.  |              |
|---------------------------------------|--|---|-----------------------|------------------|--------------|
| Introduction                          | User Information                             | Membership Type                             | Subscriptions an      | d Dynamic Groups | Verification |
| First Name:                           |  | *   | <u>)</u>              |                  |              |
| Last Name:                            |  | *   |                       |                  |              |
| Middle Name                           | ə:   |   |                       |                  |              |
| Telephone:                            |  | *   |                       |                  |              |
| E-mail Addre                          | ess:   |   | *                     |                  |              |
| Confirm you                           | r email:                                     |   | *                     |                  |              |
|                                       |  |   | ~ ~                   |                  |              |
| Organization                          | туре:  |   | * 😣                   |                  |              |
| Organization                          | n: 🔻 *                                       |   |                       |                  |              |
| Title:                                |  |   |                       |                  |              |
| Department:                           |  | *   |                       |                  |              |
| Area/Field:                           | *  |   |                       |                  |              |
| Role:                                 | •  |   | J                     |                  |              |
| Correct                               |  |   |                       |                  |              |

#### Step 5

On the "Membership Type" page, select "No" to the question, then click "Continue."



### Step 6



On the "Subscriptions and Dynamic Groups" page, select "VFC Providers," then "Continue."

#### Step 7

Review the information on the "Verification" page, then click "Submit."

| HAN REGISTRATION REQUEST   |   |
|--|---|
| Access Request Form<br>Important! Please read the instructions ve<br>Note: Fields with asterisks * are required fi | ary carefully.<br>elds that you must fill out to complete the request.  |
| Introduction User Information Me   | embership Type Subscriptions and Dynamic Groups Verification  |
| Please verify your information below.  | If any changes are needed, use the back button or click the tabs above. Once changes are made, return to the "Verification" step and click "save" to confirm. |
| Personal Information   |   |
| First Name:  |   |
| Last Name:   |   |
| Middle Name:   |   |
| Work Information   |   |
| Organization Type:   |   |
| Organization:  |   |
| Organization Name:   |   |
| Organization Description:  |   |
| Title:   |   |
| Department:  |   |
| Area/Field:  |   |
| Role:  |   |
| Telephone:   |   |
| E-mail Address:  |   |
| Subscriptions  |   |
| Subscriptions:   |   |
| Dynamic Groups: VFC Provider   | 5   |
| Cancel   | Bac Submit  |
|  |   |