Applying for an Individual I-CARE user Account

Alex Mukanda – Public Health Associate – CDPH

1) **Register for Web Portal**

2) **Complete Individual User Agreement**

3) **Complete the smartsheet application**

   1)   Upload all pertinent signed document*

   *This includes: I-CARE web portal registration AND an individual user agreement

Register for Web Portal

The application process is online through IDPH

HEALTHY CHICAGO
CHICAGO DEPARTMENT OF PUBLIC HEALTH

IDPH web portal
Illinois Department of Public Health
Health Alert Network
Web Portal

Welcome to the IDPH Web Portal

From here, you can:

- Find all your public health related information at one secure site.
- Join online communities to share files, discussions, calendars and more.
- Access Web-based applications.

Requirements: To access the IDPH Web Portal, users must be running Internet Explorer 9.0 or higher. Some portal applications may not function properly with other browsers such as Mozilla Firefox.

Current Users: click here to access the portal: DPH Portal Login

PASSWORDS:

If you want to reset your password without calling the IDPH Helpdesk or the State of Illinois DoIT Customer Service Center, please take a few moments to register by going to:

https://imreg.illinois.gov

- In order to utilize this solution, you must have an email address that is individual to you only, no shareable email addresses are allowable.

To **RESET** your Password (Must be registered):

https://imreset.illinois.gov to reset your password

- You must enter username as **idph\username**

I need to...

Register for a Portal Account

For Technical Support issues (anything except Password Resets), please contact the DoIT Customer Service Center (CSC) at the appropriate number listed below.

- Springfield: 217-524-DoIT (217-524-3648)
- Chicago: 312-814-DoIT (312-814-3648)

Technical Support Week Days (8A-5P, Monday-Friday)

Contact the IDPH Helpdesk at 866-220-5247 or via email at DPH.Helpdesk@illinois.gov for Portal access and web-based application support. Please include your name, phone number, and specific application name, detail of the issue and error messages, if any, in your description of the problem within the email message to ensure efficient resolution.
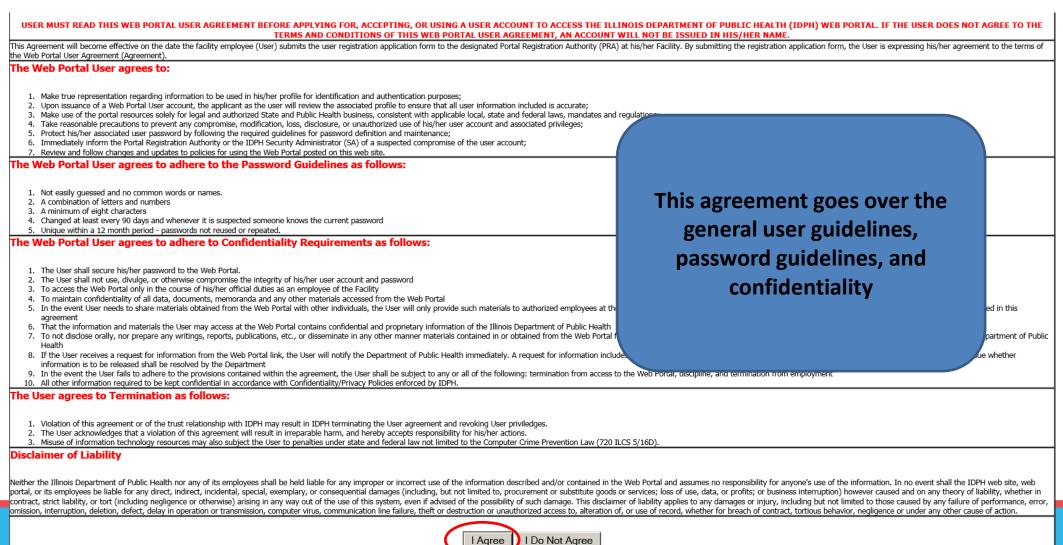
All other Times, contact the Customer Service Center at the appropriate Springfield or Chicago number listed above or send an email

1. Navigate to: http://portalhome.dph.illinois.gov/

Select Register for Portal Account

Agree to Terms of ICARE Application

USER MUST READ THIS WEB PORTAL USER AGREEMENT BEFORE APPLYING FOR, ACCEPTING, OR USING A USER ACCOUNT TO ACCESS THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH (IDPH) WEB PORTAL. IF THE USER DOES NOT AGREE TO THE TERMS AND CONDITIONS OF THIS WEB PORTAL USER AGREEMENT, AN ACCOUNT WILL NOT BE ISSUED IN HIS/HER NAME.

This Agreement will become effective on the date the facility employee (User) submits the user registration application form to the designated Portal Registration Authority (PRA) at his/her Facility. By submitting the registration application form, the User is expressing his/her agreement to the terms of the Web Portal User Agreement (Agreement).

The Web Portal User agrees to:

1. Make true representation regarding information to be used in his/her profile for identification and authentication purposes;
2. Upon issuance of a Web Portal User account, the applicant as the user will review the associated profile to ensure that all user information included is accurate;
3. Make use of the portal resources solely for legal and authorized State and Public Health business, consistent with applicable local, state and federal laws, mandates and regulations;
4. Take reasonable precautions to prevent any compromise, modification, loss, disclosure, or unauthorized use of his/her user account and associated privileges;
5. Protect his/her associated user password by following the required guidelines for password definition and maintenance;
6. Immediately inform the Portal Registration Authority or the IDPH Security Administrator (SA) of a suspected compromise of the user account;
7. Review and follow changes and updates to policies for using the Web Portal posted on this web site.

The Web Portal User agrees to adhere to the Password Guidelines as follows:

1. Not easily guessed and no common words or names.
2. A combination of letters and numbers
3. A minimum of eight characters
4. Changed at least every 90 days and whenever it is suspected someone knows the current password
5. Unique within a 12 month period - passwords not reused or repeated.

The Web Portal User agrees to adhere to Confidentiality Requirements as follows:

1. The User shall secure his/her password to the Web Portal.
2. The User shall not use, divulge, or otherwise compromise the integrity of his/her user account and password
3. To access the Web Portal only in the course of his/her official duties as an employee of the Facility
4. To maintain confidentiality of all data, documents, memoranda and any other materials accessed from the Web Portal
5. In the event User needs to share materials obtained from the Web Portal with other individuals, the User will only provide such materials to authorized employees at th[...]ed in this agreement
6. That the information and materials the User may access at the Web Portal contains confidential and proprietary information of the Illinois Department of Public Health
7. To not disclose orally; nor prepare any writings, reports, publications, etc., or disseminate in any other manner materials contained in or obtained from the Web Portal f[...]partment of Public Health
8. If the User receives a request for information from the Web Portal link, the User will notify the Department of Public Health immediately. A request for information includes[...]ue whether information is to be released shall be resolved by the Department
9. In the event the User fails to adhere to the provisions contained within the agreement, the User shall be subject to any or all of the following: termination from access to the Web Portal, discipline, and termination from employment
10. All other information required to be kept confidential in accordance with Confidentiality/Privacy Policies enforced by IDPH.

The User agrees to Termination as follows:

1. Violation of this agreement or of the trust relationship with IDPH may result in IDPH terminating the User agreement and revoking User priviledges.
2. The User acknowledges that a violation of this agreement will result in irreparable harm, and hereby accepts responsibility for his/her actions.
3. Misuse of information technology resources may also subject the User to penalties under state and federal law not limited to the Computer Crime Prevention Law (720 ILCS 5/16D).

Disclaimer of Liability

Neither the Illinois Department of Public Health nor any of its employees shall be held liable for any improper or incorrect use of the information described and/or contained in the Web Portal and assumes no responsibility for anyone's use of the information. In no event shall the IDPH web site, web portal, or its employees be liable for any direct, indirect, incidental, special, exemplary, or consequential damages (including, but not limited to, procurement or substitute goods or services; loss of use, data, or profits; or business interruption) however caused and on any theory of liability, whether in contract, strict liability, or tort (including negligence or otherwise) arising in any way out of the use of this system, even if advised of the possibility of such damage. This disclaimer of liability applies to any damages or injury, including but not limited to those caused by any failure of performance, error, omission, interruption, deletion, defect, delay in operation or transmission, computer virus, communication line failure, theft or destruction or unauthorized access to, alteration of, or use of record, whether for breach of contract, tortious behavior, negligence or under any other cause of action.

[I Agree]   [I Do Not Agree]

This agreement goes over the general user guidelines, password guidelines, and confidentiality

Complete Online Application

HEALTHY CHICAGO
TMENT OF PUBLIC HEALTH

IDPH web portal

Illinois Department of Public Health
Health Alert Network (HAN)
User Registration

This form should be used **only** to register to create a new username for the IDPH Web Portal. If you already have a username, please exit and have your facility PRA send an email to DPH Security requesting the additional application access needed. Please enter the following information. * denotes a required field.

A username will be created automatically upon submission of your registration request and a copy of the request will be sent to you via email.

First name: *	
Last name: *	

Password must be a mix of letters and numbers, with a minimum of one capital letter and eight characters in length.

Password: *	
Confirm password: *	
Title: *	
Organization: *	
Department: *	
Work address: *	
City: *	
State: *	
ZIP code: *	
E-mail: *	
Confirm E-mail: *	
Work phone #: *	
Cell phone #:	
Pager #:	
FAX #:	
Supervisor's name:	
Purpose for registration:	

Please check the appropriate box(es) below to request access to restricted applications.

Complete all necessary fields indicated with a red asterisks

You should provide all pertinent information related to your current clinical site

Portal Registration Authority(PRA)

Each site must elect a Portal Registration Authority(PRA)

This individual will approve any new accounts that come into their clinical site

Before applying you should ask your supervisor who your PRA is

You must select them during the individual I-CARE application process, and they must sign off on your account approval prior to uploading in the smartsheet

If you do not know who your PRA is please select DPH.ICARE during the application process

Select Portal Registration Authority

HEALTHY CHICAGO
DEPARTMENT OF PUBLIC HEALTH

Work phone #: *
Cell phone #:
Pager #:
FAX #:
ervisor's name:
or registration:

Please check the appropriate box(es) below to request acc

- [ ] Beach Monitoring System
- [ ] Blood Lead Billing System (MoveIT)
- [ ] Cancer Registry System
- [ ] EMS Licensing System
- [ ] Environmental Health Licensing System
- [ ] Genetic Counseling System
- [ ] Health Care Worker Background Check System (Fax any and all documentation regarding the HCW
- [ ] Healthy Homes and Lead Poisoning Surveillance System
- [x] I-CARE/Immunization Registry (click here to select the KeyMaster's e-mail: DPH.ICARE@illinoi
- [ ] I-CARE/SFTP (MoveIT) HL7 File Transfer
- [ ] I-CARE/HTTPS (Web Services) HL7 File Transfer
- [ ] INEDSS (Disease Surveillance) System/XDRO registry (extensively drug resistant organism)
- [ ] LHPG Performance Indicators
- [ ] MoveIt File Transfer
- [ ] Newborn Screening eReports (enter IDPR or Professional License #:)
- [ ] Perinatal HIV Reporting System
- [ ] Portal Community (please specify the name in the Purpose for registration field above)
- [ ] Refugee Health Assessment Program in Illinois (ReHAPI)
- [ ] Smoke-Free Illinois Enforcement System
- [ ] Trauma/HSVI Registry System
- [ ] West Nile Virus System
- [ ] Other (please specify in the Purpose for registration field above)

PRA E-mail: * select from the Portal Registration Authority list: Cristal.Simmons@cityofchicago.org

Submit   Cancel

PRA List - Windows Internet Explorer provided by City of Chicago

https://wpur.dph.illinois.gov/WPUR/selectPRA

Portal Registration Authority List

Enter a keyword to search for your organization: chicago departmer   Search

Note: if no keyword is entered, a large list of organizations will be retrieved which may take several minutes. **If you can't find your organization, you can search idph and then select IDPH / DPH SECURITY.** IDPH/DPH Security is not a Portal Registration Authority (PRA). DPH Security will work with you to establish a PRA for your organization. **Select a PRA from your organization: click on a name to select; click on the Close button after selection.**

Enter a keyword to search within the table below: Search

Organization	Name	Phone
⦿ Chicago Department of Public Health	Cristal Simmons	312-745-1517
○ Chicago Department of Public Health	Ma...	

Close

PRA is the Portal Registration Authority

This individual will approve I-CARE access for any application at your specific provider.

Print > Sign > Send

HEALTHY CHICAGO

CHICAGO DEPARTMENT OF PUBLIC HEALTH

After you submit the application online, save a digital copy

You will need to sign and date in the Applicant Signature

Get a Supervisor Signature

Get a signature from your sites PRA

IDPH web portal

Illinois Department of Public Health
Health Alert Network (HAN)
User Registration

User Registration Confirmation
The following information has been submitted to IDPH.
Please print this form, obtain signatures, and fax the form to your PRA.

Username:	
First name:	
Last name:	
Title:	
Organization:	
Department:	
Work address:	
City:	
State:	
ZIP code:	
E-mail:	
Work phone #:	
Cell phone #:	
Pager #:	
FAX #:	
Supervisor's name:	
Purpose for registration:	
PRA e-mail:	
Selected applications:	

I, the undersigned Applicant, have read the IDPH Web Portal User Agreement on accessing portal resources and will abide by its policy. I am aware that violation of this agreement may result in IDPH terminating the agreement and revoking my priviledges. I am also aware that misuse of information technology resources may also subject me to penalties under state and federal law not limited to the Computer Crime Prevention Law (720 ILCS 5/16D).

Applicant signature:		Date:
Supervisor's signature:		Date:
PRA signature:		Date:

Below is for PRA/IDPH Use Only

Received:	
User notified:	
Notes:	

Thank you for your interest in the IDPH Web Portal. Please submit the printed form to

ur.dph.illinois.gov/WPUR/iChainAddUser_NEW

SmartSheet Process

SmartSheet

Here is the link to the SmartSheet, where you can begin your application process:
https://app.smartsheet.com/b/form/12744a4eb7c34ef4a7cb33f230d4e698

Each site must elect a Portal Registration Authority(PRA)

You will need to submit an I-CARE Individual User Agreement when you submit your application:
https://dph.illinois.gov/content/dam/soi/en/web/idph/files/publications/icare-individual-user-final-072512-102016.pdf

SmartSheet

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

IDPH
PROTECTING HEALTH. IMPROVING LIVES.

I-CARE Provider and User Enrollments

*You do NOT need access to I-CARE to receive a vaccination for yourself. Please contact your local health department or healthcare provider.

Make sure each user that accesses I-CARE has also completed the IDPH Portal Registration, you have designated a Portal Registration Authority (PRA) and that PRA has responded to the permission request. Missing PRA information will delay the process.

To enroll as a COVID Vaccine Provider, you must have access to I-CARE and submit the COVID Vaccine Provider Agreement within I-CARE. Do NOT submit it via this form. COVID agreements must be submitted under the individual site(s) in I-CARE.

If you have any questions regarding this form, please email dph.immunizations@illinois.gov

Please complete all required fields as indicated by the red asterisks.

HEALTHY CHICAGO
CHICAGO DEPARTMENT OF PUBLIC HEALTH

Date *

Organization/Site Name *

Provider (site)

Select or enter value ▾

Other:

How many sites/users are you enrolling with this submission?

Organization Street Address *

Organization City *

Organization Zip *

SmartSheet

You must upload 3 Agreements here:

IDPH Web Portal

I-CARE Provider Enrollment

I-CARE Individual

*Please ensure that you do not click submit before uploading these requirements

---

HEALTHY CHICAGO
CHICAGO DEPARTMENT OF PUBLIC HEALTH

Do you have a relationship with a healthcare partner to administer vaccines?

Select or enter value ▾

If yes, have you contacted that partner about administering COVID vaccine at your site?

Access to I-CARE requires 3 agreements that are submitted electronically by uploading below:

•IDPH web portal access agreement, also known as the "User Registration Confirmation" received via email must be signed by the user, the user's supervisor, and the Portal Registration Authority (PRA) for your site.

•I-CARE Provider (site) Enrollment agreement.

•I-CARE Individual User agreement completed by the user needing access. Please indicate on the Individual User agreement if you need group access or access to multiple affiliated sites.

 *Do NOT include any COVID provider agreements. This will be uploaded in ICARE later if you are granted access.

Upload Attachments

Drag and drop files here or browse files

☐ Send me a copy of my responses

Submit

Powered by ✔ smartsheet
Privacy Notice | Report Abuse

Your I-CARE account is now setup!

Please reach out if you need further assistance or have any questions.

Alexander.Mukanda@cityofchicago.org

312.519.4208