CHIMS | Instructions for Provider Portal Account Application

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CHICAGO HEALTH INFORMATION MANAGEMENT SYSTEM

CDPH
Chicago Department
of Public Health

Brandon Johnson
Mayor

Olusimbo Ige, MD, MPH
Commissioner

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CHIMS [Chicago Health Information Management System] is an electronic surveillance system utilized by the Chicago Department of Public Health [CDPH] for the mandated† case reporting of sexually transmitted infections [STIs], HIV/AIDS, and viral hepatitis by Chicago health care professionals.‡ The following instructions detail the procedures for submitting an account application for the CHIMS Provider Portal.

LOGGING IN TO THE CHIMS PROVIDER PORTAL ACCOUNT APPLICATION SYSTEM

✶ Go to the CHIMS Provider Portal Account Application System Login Page at https://chims.cityofchicago.org/maven/portalLogin.do.

✶ If you are registering for a new CHIMS Provider Portal account, click Register

✶ If you have already started a CHIMS Provider Portal account application, please enter your Username and Password, and click Login to continue the application process.

†*For more information regarding the requirements for mandated reporting of sexually transmitted infections [STIs], HIV/AIDS, and viral hepatitis in the State of Illinois, refer to the following websites:*
http://www.ilga.gov/commission/jcar/admincode/077/07700693sections.html [STIs]
https://www.ilga.gov/commission/jcar/admincode/077/07700697sections.html [HIV/AIDS]
https://www.ilga.gov/commission/jcar/admincode/077/077006900D04510R.html [Hepatitis B]
https://www.ilga.gov/commission/jcar/admincode/077/077006900D04520R.html [Hepatitis C]

‡*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].*

CHIMS PROVIDER PORTAL ACCOUNT REGISTRATION PAGE

✱ Complete the fields on the **Portal Account Registration** page. Fields highlighted in Green are required.

✱ Once all required fields have been completed, click [Save]

Registration

ATTENTION | Only providers/facilities located <u>within</u> the City of Chicago should apply for a CHIMS Provider Portal account**.**

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 *   **NOTE |** Please make note of your Username and Password, as they will be the same ones you will use to login to the CHIMS Provider Portal.

Must be your work email address

Password *

Must be at least eight characters; combo of letters and numbers; case sensitive

Confirm Password *

Applicant Information

First Name *

Middle Name

Last Name *

Birth Date

MM/DD/YYYY

Gender *

Contact Information

Street *

Must be your work address

City *

Chicago   This field will be auto populated

State *

IL   This field will be auto populated

Zip Code *

County

Country

USA   This field will be auto populated

Home Phone

Mobile Phone

Work Phone *

Email *

Must be your work email address

Security Question

Security Question *

Security Answer *

Confirm Security Answer *

[Save] [Cancel]

CHIMS PROVIDER PORTAL ACCOUNT APPLICATION PAGE

✱ To continue with the application process, click [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]

✱ In the **Certification and Classification** section, select **Yes** if you are a Physician [MD or DO] or Physician's Assistant [PA], and enter the following information. Fields highlighted in **Green** are required.

- ◆ Medical License Type
- ◆ Medical License Number
- ◆ Primary Specialty

Certification and Classification	
Please select YES for Licensed in Illinois if you are a Physician (MD, DO) or Physician's Assistant (PA)	
* Medical Licensed in Illinois	Yes ⬍
* Medical License Type	
* Medical license number (Format: ###.######)	
Primary specialty	
Secondary specialty	

⎤ Only required if Yes is selected for Medical Licensed in Illinois

✱ In the **Applicant Information** section, enter the following information. Fields highlighted in **Green** are required.

- ◆ Applicant's Role or Title
- ◆ Facility or Location Name
- ◆ Infection(s) to be Reported

Applicant Information	
To modify the fields that are read-only, use Edit User Profile on the main screen.	
* Preferred Communication	Email ⬍
* Your Work Email Address	eric.warren@cityofchicagc
* Last name	Physician2
* First name	Test
Middle name	
* Please enter your role or title:	
* Your Work Phone Number	(773) 000-9996
Fax number	
* Facility/Location Name	
Facility/Location Address	641 West 63rd Street
Facility/Location Address2	Lower Level
City	Chicago
Zip code	60621
* Which infection(s) will you be reporting?	☐ Syphilis ☐ Congenital Syphilis ☐ Adult HIV ☐ Pediatric HIV

✴ In the **Supervisor Information** section, enter the following information. Fields highlighted in **Green** are required.
  ◆ Supervisor's Name   ◆ Supervisor's Title   ◆ Supervisor's Work Email   ◆ Supervisor's Work Phone

Supervisor Information	
* Supervisor Name	
* Supervisor Title	This person must be someone other than yourself.
* Supervisor Work Email	
* Supervisor Work Phone	

✴ In the **Reporting on Behalf of Other Facilities/Locations** section, if You Report on Behalf of Other Facilities/Locations, select **Yes** and enter the Name of Facility/Location. Fields highlighted in **Green** are required.

✴ Once all required fields have been completed, click on **Next >>**.

✴ To save the application information and complete later, click **Save**.
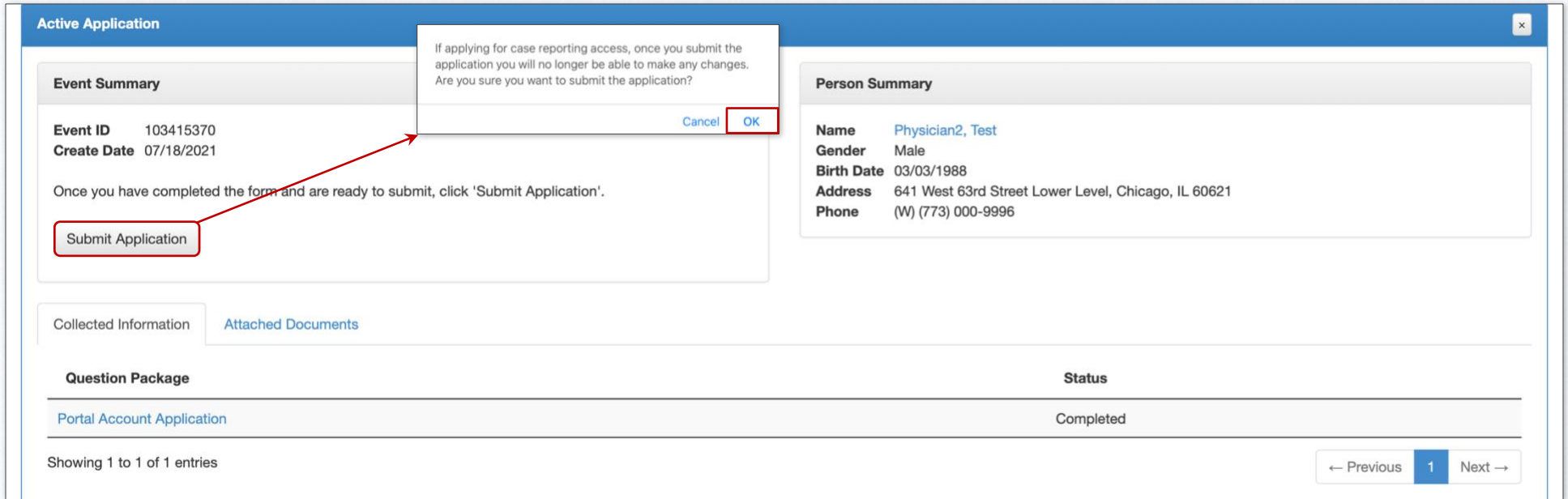
Reporting on Behalf of Other Facilities/Locations	
* Do you report on behalf of any other facilities/locations?	Yes ⇕
Name of facility/location	
DPH Yearly Review	
No data required for this section	

* Indicates required field

[<< Back] [Next >>] [Save] [Cancel]

SUBMISSION OF CHIMS PROVIDER PORTAL ACCOUNT APPLICATION

✴ Once all required information has been entered and you are ready to submit your completed application, click [Submit Application]

◆ A dialog box will open at the top of the screen. Click **OK** to complete the submission of your application.

Active Application

Event Summary

Event ID	103415370
Create Date	07/18/2021

If applying for case reporting access, once you submit the application you will no longer be able to make any changes. Are you sure you want to submit the application?

Cancel   **OK**

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

[Submit Application]

Person Summary

Name	Physician2, Test
Gender	Male
Birth Date	03/03/1988
Address	641 West 63rd Street Lower Level, Chicago, IL 60621
Phone	(W) (773) 000-9996

Collected Information   Attached Documents

Question Package	Status
Portal Account Application	Completed

Showing 1 to 1 of 1 entries

← Previous **1** Next →

Please continue to submit syphilis, congenital syphilis, HIV/AIDS, and viral hepatitis case reports in the usual manner [mail/fax/sFTP portal] until you receive email notification that your CHIMS Provider Portal account has been approved.

LOGGING OUT OF THE CHIMS PROVIDER PORTAL ACCOUNT APPLICATION SYSTEM

✱   To logout of the CHIMS Provider Portal Account Application System, click your **Username** in the upper right-hand corner and click **Logout**.

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

06/21/24

Health Care Organization

Dear Health Care Provider:

Your account application for the CHIMS Provider Portal has been approved and your account is active.

To begin submitting syphilis, congenital syphilis, HIV/AIDS, and viral hepatitis case reports, please login to the CHIMS Provider Portal at the link below and use the Username and Password you created in your account application.

https://chims.cityofchicago.org/maven/login.do

Instructions for submitting syphilis, congenital syphilis, and HIV/AIDS case reports can be found here: https://www.chicagohan.org/diseases-and-conditions/sti

If you have questions or experience any issues, please email chims@cityofchicago.org.

Thank you.

CHIMS Technical Support
CHIMS | Chicago Health Information Management System
CHIMS@cityofchicago.org
Monday - Friday | 8:00 a.m. – 4:30 p.m.

CDPH
Chicago Department
of Public Health

The Chicago Health Information Management System [CHIMS] and related services are provided subject to your compliance with the Terms and Conditions set forth below. Please read the following information carefully. If you do not agree to be bound by the terms and conditions, promptly exit this application.

This AGREEMENT is entered into by and between the Chicago Department of Public Health [CDPH] and you, the User of the Department's Health Information Management System.

1. Applicability § This Agreement states certain terms that apply to User's access to CHIMS. User agrees to comply with, and be bound by, this Agreement, and to use CHIMS only for the purposes for which it is intended. CDPH may revise these Terms and Conditions at any time without notice. User's continued use of CHIMS after the Terms and Conditions are changed indicates User's acceptance of those new Terms and Conditions.

2. Privacy and Confidentiality of Identifiable Personal Information § CDPH and the organizations and individuals that use CHIMS are required by law to protect the privacy and security of the identifiable personal information [personal data] in CHIMS. CDPH reserves the right to exercise complete control over the access, use, disclosure, and disposition of the personal data in CHIMS. User agrees to use all personal data in compliance with this Agreement, and all other applicable state and federal laws concerning the confidentiality of personal data.

3. Unauthorized Access: User Responsibilities § User agrees: [a] to use its best efforts and to take all steps reasonably necessary to prevent unauthorized access to, use of, or disclosure of personal data; [b] to notify CDPH both orally and in writing as soon as possible about any unauthorized access to, use of, or disclosure of personal data, and [c] to take such measures, in consultation with CDPH, as are reasonably necessary to mitigate or address any unauthorized access to, use of, or disclosure of personal data. None of the foregoing shall be construed to waive any rights or remedies that CDPH possesses in the event of unauthorized access to, use of, or disclosure of personal data.

4. Use of Personal Data within User's Organization § User is responsible for limiting access to personal data obtained from the CHIMS to those employees, contractors, and agents that need such information in furtherance of a legitimate business purpose related to the CHIMS, and that are allowed by law to access such information. User is responsible for ensuring that its employees, contractors, and agents that use personal data produced by or associated with the CHIMS are aware of, and comply with, the applicable provisions of this Agreement, and all other applicable state and federal laws concerning the confidentiality of personal data. User is responsible for the acts or omissions of its employees, contractors, and agents.

5. User IDs and Passwords § User IDs and passwords will only be granted at the direction of CDPH. User's assigned ID and password are non-transferable and may not be shared with any other employee or individual.

6. Termination of Access § CDPH may terminate any User's or authorized user's right to access CHIMS at any time, with or without cause, without notice and without penalty. None of the foregoing shall be construed: [1] to relieve User of any of the responsibilities imposed by this Agreement or by applicable law; or [2] to waive any rights or remedies that CDPH possesses in the event of unauthorized access to or use of CHIMS.

7. Governing Law § Any actions arising out of User's access to CHIMS shall be governed by the laws of Illinois and shall be brought and maintained in a state or federal court in Illinois which shall have exclusive jurisdiction thereof.