

INSTRUCTIONS: 1. Complete this form.

- 2. Return second page via email to <a href="mailto:dph.icare@illinois.gov">dph.icare@illinois.gov</a>
- 3. Complete the web portal application for access to ICARE for each individual user at https://wpur.dph.illinois.gov/WPUR/
- 4. Complete the Individual User Application for each individual user and email to <a href="mailto:dph.icare@illinois.gov">dph.icare@illinois.gov</a>

## 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
  - o To assure adequate immunization,
  - o To avoid unnecessary immunizations,
  - o To confirm compliance with mandatory immunization requirements,
  - o To conduct ongoing or special immunization coverage assessments, or
  - o 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.

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Name of the Organiza	ation	
Organization Type:	<ul><li>☐ Elementary or Secondary School</li><li>☐ Health Care Provider</li></ul>	☐ Child-Placing Agency ☐ Child Care Center ☐ College/University
How many clinical si	tes do you have?	
Will additional clinic	al sites be submitting enrollments?   □ YI	ES   NO   N/A
How will you be subr	mitting data to I-CARE:   □ Direct Data	a Entry
Is this Clinical Site a	VFC (Vaccine for Children) provider?	□ YES □ NO PIN #
Clinical Site Name: _		
	:	
Clinical Site Address	:	
Clinical Site Address	:	
Clinical Site Address Clinical Site Contact: Phone:	: County:	
Clinical Site Address Clinical Site Contact:	: County:	
Clinical Site Address  Clinical Site Contact:  Phone:  FAX:  Signing this form sig	County:  E-Mail:  gnifies that you are in agreement with the a copy for yourself, scan the docu	e items outlined on page one of this for

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