



Information On the I-CARE Registry

What is I-CARE?

The Illinois Comprehensive Automated Immunization Registry Exchange (I-CARE) is an immunization registry developed and managed by the Illinois Department of Public Health. Immunization registries are utilized by every state and provide a confidential computerized system to store necessary immunization records and provide immediate access to a patient's immunization status.

- Only authorized health care providers are allowed to search and update the immunization records of Illinois residents in I-CARE.
- The I-CARE registry has the ability to update immunization information, relieve parents of the burden of manually tracking their child's immunization records, print school physical forms, remind parents/patients when their immunizations are due and print a complete immunization record for patients to keep.

Why is I-CARE important for patients?

I-CARE makes managing your health records/information easier for you and your doctor. I-CARE:

- Keeps your immunization information continually updated
- Preserves immunization records if you change health care providers, move and lose paper records, or lose vital records in the event of an unexpected natural disaster
- Provides a copy of your immunization record when needed
- Sends reminders to let you know when you are due for an immunization
- Prevents your child from getting unnecessary or extra immunizations

How secure and private is the information in the I-CARE registry?

All information in I-CARE is confidential.

- The registry only collects information necessary information to identify a patient and track his/her immunization history.
- Access to the information in the registry is limited to authorized health care providers.

What is this "Opt Out of Registry Form"?

If an individual, parent or legal guardian does not want their immunization information saved in the I-CARE registry, they may fill out the following "Opt Out of Registry Form". Opting out of the registry will *require* patients to maintain and safeguard their own immunization records. Choosing to opt out of the registry will make it more challenging for your health care provider to remind you of upcoming and overdue immunizations.

I-CARE stores the information on the immunizations received, and calculates the immunizations needed to stay healthy and remain protected from vaccine-preventable diseases.



Illinois' Immunization Registry *Opt Out of Registry Form*

This form is required to allow an individual to request that a person's immunization history be removed from the registry, and no further immunization data be accepted into the registry. Please print.

Name of Client: _____
Last First Middle

Date of Birth: _____ Sex: _____ Race _____
MM/DD/YYYY Male or Female

Name of Parent or Guardian: _____
Last First Middle

Relation: _____ Telephone Number _____

Street Address: _____

City: _____ State: _____ ZIP: _____

I request this person be removed from the Illinois Immunization Registry. I understand the state will not share immunization data on this person from the registry as a result of this action. The registry will retain core demographic information necessary to identify the client has chosen to opt out of the registry. This information is necessary to enable the registry to filter and refuse entry of immunization information for the client. Additionally, any prior immunization records associated with the client will not be shared from the registry.

The completed opt out form will be maintained at the provider's office in the patient file.

No immunization information will be added to the registry for this client until the Illinois Immunization Program receives notification the individual, parent or legal guardian wishes to opt back into the registry. To opt back in, check the box below and date. The provider is responsible for keeping this form as well as opting the patient back into the Illinois Immunization Registry.

Signature of Parent or Guardian Date

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You have the right to change this decision at any time. If you refuse today, you can decide later if you would like to participate by checking the box at the left. Please initial and date after box is checked.

Please place a copy in the patient's medical chart, provide a copy to the parent.