

IHAN REGISTRATION GUIDE

Click the register now button to begin registration



The screenshot shows a web interface for the Indiana Health Alert Network (IHAN). It features a 'Member Login' section with fields for 'Username:' and 'Password:', a 'Forgot Username or Password?' link, and a 'Log In' button. Below this is a 'Not Registered?' section with a prominent 'Register Now' button. At the bottom, there is the official seal of the Indiana State Department of Health and the text 'Indiana State Department of Health'.

The following pages are a guide for each of the main registration sections:

- Organizations
- Account Information
- Terms of Service and Privacy Policy
- Name
- Employment Information
- PIN
- Email
- Contact Method
- Registration Completion



ORGANIZATIONS

Select the appropriate organizations that you belong to by selecting the Add Organizations button

Organizations

Organizations represent official groups that you have affiliation with as a IN HAN user. Click the Add Organizations link below to see a complete list of organizations and select those you want to join.

+ Add Organizations

* Organization(s):

When selected, a new window will popup allowing you to pick Organizations from the following four categories:

Organization Selection

- + Healthcare Facilities and Hospitals**
- + Indiana State Agencies**
- + Indiana State Department of Health**
- + Local Public Health**



Click on the + icon to expand the appropriate organization group. From there, select the appropriate organization affiliated with. **Note:** Organizations with a + icon must first be expanded before selecting the organization within.



NOTE: When selecting Hospitals, you must again click on the + icon to expand the list.

You may selected multiple organizations if you are affiliated with multiple. You can additionally update your profile in the future to change the selection.



ACCOUNT INFORMATION

Complete the fields with an asterisk. Username must meet the listed criteria.

TERMS OF SERVICES AND PRIVACY POLICY

Read through the Terms of Service and Privacy Policy and check the two boxes once consent is given.

NAME

Complete the fields with an asterisk. If you have multiple employment locations, enter the primary.

EMPLOYMENT INFORMATION

Complete the Affiliation and Job Title. If you have multiple affiliations, enter the primary.

PIN

Select a secret 4 digit PIN used to access sensitive health alerts.

EMAIL

Enter your primary email address. For validation purposes, please utilize an official employment email if possible. You may additionally add up four total email addresses of your choice by selecting the **+ Add Email Address** link. You can update or change addresses through your profile in the future.

CONTACT METHOD

Enter your contact method for voice alerts. You may add up to four total contact methods of your choice by selecting the **+ Add Another Contact Method** link. Of the contact methods you can choose the following types:

- Work Phone
- Home Phone
- Mobile Phone
- Pager
- Fax
- SMS/Text Message
- TTD/TTY

Note: If you would like to receive text, you must add the SMS/Text Message selection, even if Mobile Phone is already selected.

REGISTRATION COMPLETION

Select next to complete your registration. You can log into your account to manage your contact information, organizations, or other preferences of your account at any time.

If you have any questions, please contact HealthAlertNetwork@isdh.in.gov

