Dear Customer,

Thank you for choosing InTouch Pharmacy as your specialty pharmacy. We are committed to providing you with quality products and excellent customer service.

Please take a few moments to review the important information in this welcome packet. The information inside will explain our services and answer some of the questions you may have about your drug therapy. Additionally, we have provided information about resources that may be available to you in your community.

In order to adhere to privacy practicies and billing policies, we have included some forms to be completed and returned to InTouch Pharmacy. These forms will help us provide accurate statements of your account, assist in processing your payments, as well as identify and resolve any problems in an efficient manner. Please return the requested documents as soon as possible so that we may proceed with providing you with your necessary pharmacy services.

Please contact us by e-mail at InTouchPharmacy@windstream.net or the phone number below if you need any assistance. Also, be sure to check our our website at www.InTouchPharmacy.com where you can find information about the services we provide or other patient services like on-line prescription refill requests.

We appreciate the opportunity to serve you.

Sincerely,

Rob & Marisol Limehouse
Owners

75 Elliott Road, Suite 240

Dawsonville, GA 30534

Phone: 877-874-5099

Fax: 559-566-5195

Forms To Sign, Complete, and Return:

Complete the following forms in your welcome packet, and return them to INTOUCH PHARMACY as soon as possible. These forms can be returned by:

- **E-mail: sign, scan, and e-mail back to InTouchPharmacy@windstream.net**
- **Fax: 559-566-5195**
- **Mail: 75 Elliott Road, Suite 240, Dawsonville, GA 30534**

1. INTOUCH PHARMACY Service Agreement (REQUIRED)

- This form is required for our pharmacy to provide services to you. This form includes your authorization to provide drug and billing information for medical programs such as:
  - Medicare Part D, Medicaid, and Private insurance plans

2. HIPAA Privacy Notice / Notification of Grievance Process (REQUIRED)

- Under the HIPAA (Health Insurance Portability and Accountability Act) Privacy Rule, we are required to give you our "Notice of Privacy Practices" and to make a good faith effort to receive your signed **Acknowledgment of Receipt of Notice of Privacy Practices**.
  This notice describes how medical information about you may be used and/or disclosed and how you can get access to this information. Complete the bottom portion of the form.
- This form explains your options for filing a complaint or grievance

3. Patient Medication Profile (REQUIRED)

- Provide INTOUCH PHARMACY with a current list of all your drugs. This will allow INTOUCH PHARMACY to screen for possible drug interactions and better assist you with any questions you may have about your drug therapy. **INTOUCH PHARMACY will not automatically send you these drugs, without your consent.**

4. INFUSION / INJECTION THERAPY INFORMED CONSENT (ONLY IF APPLICABLE)

- This form confirms that you are aware of the risks of the procedure you are receiving and that you consent to receiving this treatment.

If you have any questions or need some assistance on how to fill out a form, you can e-mail us at InTouchPharmacy@windstream.net or contact our customer service team at 877-874-5099.

SERVICE AGREEMENT

TERMS & CONDITIONS

PATIENT NAME: ____

In exchange for InTouch Pharmacy's agreement to (i) provide me with my medications/supplies; and, (ii) bill my insurance carrier or third party payor that is obligated to pay for my medications/supplies, I agree to the following terms and conditions;

1. **AUTHORIZATION FOR MEDICAL TREATMENT:** I authorize InTouch Pharmacy LLC, under the direction of my physician, to provide my medications to me. I have been instructed by my physician about my prescribed medications and understand the reasons why they are considered necessary, their risks, advantages, possible complications and alternatives. As in any medication therapy, I understand that there are unknown risks as well as known risks. I certify that no guarantee or promise, expressed or implied, has been made to me in conjunction with the medications that have been prescribed for me.

2. **FINANCIAL RESPONSIBILITY:** I understand and agree that I am responsible for the payment of any and all sums that may become due for the medications provided to me by InTouch Pharmacy. If, for any reason and to whatever extent, InTouch Pharmacy does not receive payment from my insurer or third party payor that is obligated to pay for my medications, I do hereby agree to pay InTouch Pharmacy directly for the unpaid balance within thirty (30) days of receipt of an invoice from InTouch Pharmacy except in cases where such payment to InTouch Pharmacy is prohibited by applicable law. If my insurer and/or third party payor that is obligated to pay for my medications issues payment directly to me, I agree to promptly endorse such payment to InTouch Pharmacy and forward it directly to InTouch Pharmacy on the day that I receive such payment.

3. **UNPAID INVOICES:** I agree that any amounts that I owe to InTouch Pharmacy for more than thirty (30) calendar days, shall bear interest from the due date of such invoice, at the lesser of, one and one-half percent (1-1/2%) per month or the maximum rate permitted by applicable law. I further agree to pay all costs and expenses of InTouch Pharmacy's collection efforts, including reasonable attorney's fees and court costs that are incurred by InTouch Pharmcy to collect overdue accounts.

4. **ENTIRE AGREEMENT:** This Agreement contains the entire agreement of the parties. No other representation, promise, or agreement, oral or otherwise, expressed or implied, not embodied herein, shall be of any force or effect. All amendments must be in writing and signed by both parties to have any effect. This Service Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective successors, heirs, and assigns.

***I have read and understand the above terms and conditions and agree to be bound by each of them:

Patient Signature: ____________________________ Home Address: __________________________________

Print: ____ City: ____________________ State: _____ Zip: _______________

Date: ____

Or:

Legal Guardian on behalf of: ___________________

Signature: ________________________________ Home Address: ____

Print: _____________________________________ City: __________________ State: _____ Zip: __________

Date: ______________________________________

Relationship to Patient: _________________________________(Please attach power of attorney or other proof of authority to sign on behalf of patient)

75 Elliot Road Suite 240 Dawsonville, Georgia 30534 1-877-874-5099

INTOUCH PHARMACY: NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you may get access to this information. Please review carefully.
If you have any questions about this Notice of Privacy Practices, contact InTouch Pharmacy's Privacy Officer, *Richard Limehouse, at 706-867-5195*
This Notice of Privacy Practices describes how InTouch Pharmacy may use and disclose your protected health information to carry out treatment, payment, health care operations, and other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information that may identify you and relates to your past, present, or future physical or mental condition and related health care services.
InTouch Pharmacy is required to abide by the terms of this Notice of Privacy Practices. InTouch Pharmacy may change the terms of this notice at any time. The new notice will be effective for all protected health information that InTouch Pharmacy maintains at that time. Upon request, InTouch Pharmacy will provide you with any revised Notices of Privacy Practices.

Permitted Uses and Disclosures of Protected Health Information
Your protected health information may be used and disclosed by InTouch Pharmacy for the purpose of providing or accessing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and support the business operation of InTouch Pharmacy.
The following categories describe ways that InTouch Pharmacy is permitted to use and disclose health care information. Examples and types of uses and disclosures are listed in each category. Not every use or disclosure, for each category, is listed; however, all the ways InTouch Pharmacy is permitted to use and disclose information falls into one of these categories:

1. Treatment
InTouch Pharmacy may use and disclose your protected health information to provide, coordinate, or mange your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, InTouch Pharmacy would disclose your protected health information, as necessary, to a home health agency that provides care to you. Another example is that protected health information may be provided to a facility, to which you have been referred, to ensure that the facility has the necessary information to treat you.

2. Payment
InTouch Pharmacy may use and disclose health care information about you; so the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, or third party. InTouch Pharmacy may also discuss your protected health information about a service you are going to receive, to determine if you are eligible for the service, and for undertaking utilization review activities. For example, authorizing a service may require that your relevant protected health information be discussed with a provider, to determine your need and eligibility for the service.

3. Health Care Operations
InTouch Pharmacy may use and disclose, as needed, your protected health information, in order to support its business activities. These activities include, but are not limited to, quality assessment activities; employee review activities; licensing; and conducting or arranging for other business activities. For example, InTouch Pharmacy may use and disclose your protected health information, as necessary, to contact you to provide information about alternate services or other health-related benefits.
InTouch Pharmacy may share your protected health information with third party "Business Associates" that perform various activities (e.g. billing, transcription services) for the InTouch Pharmacy. Whenever an arrangement between InTouch Pharmacy and a Business Associate involves the use or disclosure of your protected health information, InTouch Pharmacy will have a written contract that contains terms that will protect the privacy of your protected health information.

Uses and Disclosures of Protected Health Information Requiring Your Written Authorization
Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law, as described below. You may revoke this authorization at any time, in writing, except to the extent that InTouch Pharmacy has taken an action in reliance on the use and disclosure indicated in the authorization.
InTouch Pharmacy may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, InTouch Pharmacy may, using professional judgment, determine if the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

1. Others Involved in Your Health Care
Unless you object, InTouch Pharmacy may disclose to a member of your family, relative, close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, InTouch Pharmacy may disclose such information, as necessary; if InTouch Pharmacy, based on its professional judgment, determines that it is in your best interest.
InTouch Pharmacy may use or disclose protected health information to notify, or assist in notifying, a family member, personal representative, or any other person that is responsible for your care, location, general condition, or death. Finally, InTouch Pharmacy may use or disclose your protected health information to an authorized public or private entity, to assist in disaster relief efforts and coordinate uses and disclosures, to family or other individuals involved in your health care.

2. Emergencies
InTouch Pharmacy may use or disclose your protected health information in an emergency treatment situation. If this happens, InTouch Pharmacy shall try to obtain your acknowledgement of receipt of the Notice of Privacy Practices, as soon as reasonably practicable, after the

Other Permitted and Required Uses and Disclosures That May Be Made Without Your

Authorization or Opportunity to Object
InTouch Pharmacy may use or disclose your protected health information, in the following situations, without your consent or authorization. These situations include:

1. Required by Law
InTouch Pharmacy may use or disclose your protected health information, to the extent that the use or disclosure is required by law. You will be notified, as required by law, of any such uses or disclosures.

2. Public Health
InTouch Pharmacy may disclose your protected health information, for public health activities and purposes, to a public health authority that is permitted by law to collect or receive the information. This disclosure will be made for the purpose of controlling disease, injury, or disability. InTouch Pharmacy may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

3. Communicable Diseases
InTouch Pharmacy may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease.

4. Health Oversight
InTouch Pharmacy may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

5. Abuse or Neglect
InTouch Pharmacy may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, the InTouch Pharmacy may disclose your protected health information if it believes that you have been a victim of abuse, neglect, or domestic violence, to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

6. Food and Drug Administration
InTouch Pharmacy may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, and biological product deviations; and track products; to enable product recalls, make repairs or replacements, or conduct post-marketing surveillance, as required.

7. Legal Proceedings
InTouch Pharmacy may disclose protected health information, in the course of any judicial or administrative proceeding, in response to a court or administrative tribunal order (to the extent that such disclosure is expressly authorized); in certain conditions, in response to a subpoena, discovery request, or other lawful process.

8. Law Enforcement
InTouch Pharmacy may disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include, (1.) legal processes, and otherwise, required by law; (2.) limited information requests for identification and location purposes; (3.) information pertaining to crime victims; (4.) suspicion that death has occurred as a result of criminal conduct; (5.) when a crime occurs on InTouch Pharmacy premises; and (6.) medical emergency (not on InTouch Pharmacy premises), in which it is likely that a crime has occurred.

9. Coroners, Funeral Directors, and Organ Donation
InTouch Pharmacy may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death, or to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaver organ, eye, or tissue donation process.

10. Required Uses and Disclosures
Under the law, InTouch Pharmacy must make disclosures to you, and when required by the Secretary of the Department of Health and Human Services, to investigate or determine InTouch Pharmacy's compliance with the requirements of 45 C.F.R., section 164.500 et. seq.

Your Rights
The following is a list of your rights, with respect to your protected health information, and a brief description of how you may exercise your rights:

Right to Inspect and Copy Your Protected Health Information
This means you may inspect and obtain a copy of protected health information, about you, that is contained in a designated record set, for as long as InTouch Pharmacy maintains the protected health information. A "designated record set" contains medical and billing records and any other records that InTouch Pharmacy uses in making decisions about you.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to it. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact the Privacy Officer if you have any questions about the access to your medical records.

Right to Request a Restriction of Your Protected Health Information

This means you may ask InTouch Pharmacy not to use or disclose any part of your protected health information for the purpose of treatment, payment, or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes, as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

InTouch Pharmacy is not required to agree to a restriction that you may request. If InTouch Pharmacy believes that it is in your best interest to permit use and disclosure of your protected health information, it will not be restricted. If InTouch Pharmacy does agree to the requested restriction, it may not use or disclose your protected health information in violation of that restriction, unless it is needed to provide emergency treatment. With this in mind, please discuss with InTouch Pharmacy any restriction you wish to request. You may request a restriction, in writing, with the InTouch Pharmacy Privacy Officer.

Right to Request Confidential Communications from InTouch Pharmacy by Alternative Means or at an Alternative Location

InTouch Pharmacy will accommodate reasonable requests. InTouch Pharmacy may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. InTouch Pharmacy will not request an explanation from you as to the basis for the request. Please make this request in writing to InTouch Pharmacy Privacy Officer.

Right to Request an Amendment to Your Protected Health Information

This means you may request an amendment of protected health information, about you, in a designated record set, for as long as InTouch Pharmacy maintains this information. In certain cases, the InTouch Pharmacy may deny your request for an amendment. If InTouch Pharmacy denies your request, you have the right to file a statement of disagreement with InTouch Pharmacy; and InTouch Pharmacy may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

Right to Receive an Accounting of Certain Disclosures of Your Protected Health Information

This right applies to disclosures for purposes other than treatment, payment, or health care operations, as described in this Notice of Privacy Practices. It excludes disclosures InTouch Pharmacy may have made to you, family members or friends involved in your care, or for notification purposes. You have the right to receive specific information, regarding these disclosures that occur after April 14, 2003.

Right to Obtain a Paper Copy of This Notice

You have the right to obtain a paper copy of this notice, upon request, even if you have agreed to accept this notice electronically.

Complaints

You may file a complaint to InTouch Pharmacy, or to the Secretary of Health and Human Services, if you believe your privacy rights have been violated by InTouch Pharmacy. You may file a complaint against InTouch Pharmacy by notifying InTouch Pharmacy Privacy Officer. InTouch Pharmacy will not retaliate against you for filing a complaint.

You may contact InTouch Pharmacy Privacy Officer, Richard Limehouse, at 706-867-5195or by e-mail, At intouchpharmacy@windstream.net for further information about the complaint process.

This notice was published, and becomes effective, on October 1, 2013.

HIPAA PRIVACY NOTICE ACKNOWLEDGMENT

Under the Federal HIPAA privacy rule, we are required to give you our Notice of Privacy Practices and make a good faith effort, before providing services, to you your Acknowledgement of Receipt of this Notice.

____
NAME OF PATIENT

By signing this form, I acknowledge that I have been provided with a copy of the Notice of Privacy Practices for InTouch Pharmacy LLC and it's affiliated entities.

____ _________________
Signature (Patient, Parent, or legal representative) *Date*

____
NAME & RELATIONSHIPT TO PATIENT (if signed by someone other than patient)

Please return this form to InTouch Pharmacy with your other signed New Patient Enrollment forms.

NOTIFICATION OF GRIEVANCE PROCESS:

In the event that you have a complaint or grievance related to any service or product supplied to you by InTouch Pharmacy, please contact the Administrator Rob Limehouse as soon as possible by one of the following methods:

E-mail: InTouchPharmacy@windstream.net

Fax: 559-566-5195

Mail: 75 Elliott Road, suite 240, Dawsonville, GA 30534

Phone: 706-867-5195

Patient Medication Profile

Name: ____________________________ **Date of Birth:** _____________________

☐ Male
☐ Female

Weight ______________
Height ______________

List medical conditions:

Drug Allergies

Please check all that apply

☐ None
☐ Amoxicillin
☐ Ampicillin
☐ Aspirin
☐ Bactrim
☐ Biaxin
☐ Ceclor
☐ Cipro
☐ Codeine
☐ Other: ______________

☐ Compazine
☐ Darvocet
☐ Darvon
☐ Demerol
☐ Epinephrine
☐ Ibuprofen
☐ Keflex
☐ Penicillin
☐ Percodan
☐ Other: ______________

☐ Percocet
☐ Phenobarbital
☐ Opiates
☐ Septra
☐ Sulfa
☐ Talwin
☐ Tetracycline
☐ Tylenol
☐ Valium
☐ Other: ______________

Current Medications

Please list all medications(name, dose, strength, how often you take it) you are currently taking, including over the counter products and those provided by another pharmacy. This list will only be used to identify drug interactions.

NAME OF THE PHARMACY WHERE YOU FILL THESE MEDICATIONS:

1. ____
2. ____
3. ____
4. ____
5. ____
6. ____
7. ____
8. ____
9. ____
10. ____
11. ____
12. ____

Signature: _________________________________ **Date:** ____________________

INFUSION / INJECTION THERAPY INFORMED CONSENT

Client Name:	Date:

My physician has ordered an infusion/injection therapy, and I authorize the professional home health nurse from InTouch Pharmacy to perform the ordered infusion / injection therapy.

I have been informed, by my physician and/or the home health nurse, of the purpose and the benefits of the infusion/injection therapy. I have been informed of my right to refuse any therapy. I acknowledge no guarantee or assurance has been made to the results that may be obtained from this therapy.

I have also been informed of the risks and consequences involved with this therapy and the possibility of complications or adverse effects of this treatment, which may include, but not be limited to, the following: **Anaphylactic(allergic reaction), Hemorrhage(bleeding), Dependence(addiction), Seizures(convulsion), Catheter separation(emboli), Diarrhea/constipation, Local irritation(inflammation), Insomnia/restlessness/tremor, Pain, Phlebitis, Depression, Infection, Arrhythmia, Hypoglycemia, Hallucination, Flush/sweating/fever, Loss of appetite, Local bruising, Sedation(tranquilizing), Bronchospasm, Respiratory distress, Nausea/vomiting, Hypo/hypertension, Other:_______________**

I have been given the opportunity to ask questions concerning the above. The meanings of the terms or words unfamiliar to me have been explained.

I have read the information provided to me and know how to contact InTouch Pharmacy if any problems occur. I understand I have the right to revoke consent orally or in writing at any time to terminate the procedure, the therapy, or service. I am also aware my physician will be notified prior to termination of any service by InTouch Pharmacy.

I hereby release InTouch Pharmacy and its agents from any responsibility for adverse or unfavorable consequences, unless such consequences result from their negligence in the performance of the treatments.

I will assume responsibility for monitoring and maintaining the total care of my infusion/injection therapy in the absences of the nurses of InTouch Pharmacy.

This form has been fully explained to me. I am satisfied I understand its content and significance.

I hereby agree to be responsible for authorizing the infusion/injection therapy treatment.

I also agree to guarantee payment of the full amount or the amount not covered by the insurance.

Client/Authorized Representative Signature:	Date:
InTouch Pharmacy Representative/Title:	Date:

Frequently Asked Questions (FAQs)

What is the InTouch Pharmacy return policy?

In compliance with Georgia pharmacy law, we cannot accept returns of medication once it has been delivered to a patient.

How do I get refills of my drugs? Do you automatically send it to me?

InTouch Pharmacy does not automatically ship out drugs. You should receive a call from our pharmacy when you have about one (1) week of drugs left. If you do not receive a call and you are running out of drugs, please call us toll-free at 877-874-5099 or e-mail us at InTouchPharmacy@windstream.net to set up a refill. You can also go to our website and select the option to sign up for text message refill reminders.

What should I do if my order is delayed?

InTouch Pharmacy will make every attempt to contact you if there is any delay with your drug delivery. However, if your delivery does not arrive by the end of the day as wanted, please contact us at 877-874-5099 or e-mail us at InTouchPharmacy@windstream.net . We can track your delivery via Fed Ex or UPS.

How do I get access to medication if an emergency or disaster occurs?

Call InTouch Pharmacy at 877-874-5099 for assistance. We are available 24/7 for all emergency needs.

It is very important to plan what to do to prepare for an emergency. Planning ahead involves such things as:

- Evacuation route
- Emergency Kit
- Extra water/food
- Emergency phone numbers
- Medications
- Important documents
- Care for pets, if applicable
- Have a plan for your drugs to include having a safe place to store your drugs properly

You can find more helpful information about Emergency Preparedness at www.redcross.org.

Frequently Asked Questions (FAQs)

Will InTouch Pharmacy ever exchange my drugs for a generic?

InTouch Pharmacy adheres to Georgia Board of Pharmacy Statutes regarding "Substitution of drugs" and will dispense the less expensive generically equivalent product when available except in the following conditions:

- Prescription has "DAW" or dispense as written indicated on it
- Prescription has Medically Necessary written on it
- Prescriber requests brand be dispensed
- Electronic prescriptions where the prescriber has made an "overt act" indicating the brand name drug is medically necessary

What should I do if my medication is recalled?

If you are affected by a drug recall, InTouch Pharmacy will contact you and your doctor with instructions on how to return and replace your drug.

What should I do if my insurance or drug changes?

If your insurance or drug changes, please call us toll-free at 877-874-5099 or e-mail us at InTouchPharmacy@windstream.net so we can confirm your benefits and ensure that your insurance covers your drug(s).

My phone number and/or address changed. Who should I notify?

If at any time your contact information changes, please contact InTouch Pharmacy by e-mail at InTouchPharmacy@windstream.net or call us toll-free at 877-985-6337. We also recommend you contact your prescribing physician and co-pay assistance program (if applicable).

I am approved for co-pay assistance. How does this work?

Depending on the co-pay assistance program, you may be required to pay for a portion of the co-pay. Also, many programs have a maximum amount they will pay on your behalf per year; if your co-pays exceed this limit, you may be responsible for the remaining balance.

InTouch Pharmacy will handle the insurance billing for you. We will charge your insurance first and then the co-pay assistance program for your drugs. The program will pay the co-pay on your behalf.

Please be aware: if you have been conditionally approved for co-pay assistance through the Chronic Disease Fund (CDF), The Assistance Fund (TAF), or the National

Frequently Asked Questions (FAQs)

Organization for Rare Disorders (NORD), you will be required to complete and return all paperwork and supporting documents in a timely manner. Delays may put you at risk of losing your assistance.

What preparations do I need to be aware of while traveling in regards to my medication?

** Make sure to carry your medication with a copy of your prescription or the bottle/container with your prescription information on it. **

At least 2 weeks prior to your departure, take an inventory of your drugs at home. This should give you enough time to call and get another shipment delivered to your home if needed, as well as obtain any prescriptions from your doctor.

If you expect to need an early fill before your trip, please contact InTouch Pharmacy by e-mail at InTouchPharmacy@windstream.net or call us toll-free at 877-985-6337 so we can see if your insurance will provide a vacation override (some insurance companies do not allow this).

ACS can ship drugs to almost anywhere in the USA so, if you need a shipment while you are away from home, you can call us and provide a different U.S. shipping address.

Remember to pack your drugs in a secure and easy-to-reach area of your carry-on luggage only. In the event that your luggage is misplaced, you will still have your drugs.

If your drugs require refrigeration, place it into a plastic bag and then into an insulated container with an ice pack.

If you have any other questions, please e-mail us at InTouchPharmacy@windstream.net, call us toll-free at 877-874-5099 or visit us online at www.InTouchPharmacy.com

Proper Disposal of Prescription Drugs

Federal Guidelines:

- Do not flush prescription drugs down the toilet or drain unless the label or accompanying patient information specifically instructs you to do so. For information on drugs that should be flushed visit the FDA's website.
- To dispose of prescription drugs not labeled to be flushed, you may be able to take advantage of community drug take-back programs or other programs, such as household hazardous waste collection events, that collect drugs at a central location for proper disposal. Call your city or county government's household trash and recycling service and ask if a drug take-back program is available in your community.
- If a drug take-back or collection program is not available:

1. Take your prescription drugs out of their original containers.
2. Mix drugs with an undesirable substance, such as cat litter or used coffee grounds.
3. Put the mixture into a disposable container with a lid, such as an empty margarine tub, or into a sealable bag.
4. Conceal or remove any personal information, including RX number, on the empty containers by covering it with black permanent marker or duct tape, or by scratching it off.
5. Place the sealed container with the mixture, and the empty drug containers, in the trash.

For further information:
Office of National drug control policy
202-395-6618
www.whitehouse drugpolicy.gov

Disposal of Home –Generated Biomedical Waste
Guidelines & Recommendations

You may use needles or syringes as part of you home medication care. Special care must be taken with the disposal of these items in order to protect you and others from injury and to make sure the environment is clean and safe. Here are some commonly asked questions.

What is a home-generated biomedical waste?
Any type of syringe, lancet or needle used in the home to inject medication, give medication by intravenous infusion and to draw blood. These items are sometimes referred to as “sharps”.

What is a sharps container?
This is a hard plastic puncture proof container that can be used to dispose of needles, lancets or syringes. You have probably seen them at your doctor’s office or in the hospital; they are usually red in color. You can purchase a sharps container for use in the home at a pharmacy or a medical supply store, or one may be provided to you by InTouch Pharmacy. Once you have it filled, you should close the container with a lid attached to it.

What do I do with my needles and syringes if I do not have a sharps container?
Place all needles, syringes, lancets and other sharp objects into a hard plastic container with a screw-on top or other tightly securable lid (e.g. empty liquid detergent container). Make sure the container you use is leak proof, shatter proof and puncture proof. Before discarding, reinforce the top with heavy-duty tape. Do not use clear plastic or glass containers. When your container is ¾ full, seal it and dispose of it.

How do I dispose of my sharps once the container is full?
This is a difficult question to answer as the laws governing this can be different from town to town. Here are some guidelines:

- Check with your local waste collection service to see what procedure you should follow.
- Check with your local health department for the disposal policy of sharps in your area.
- Contact InTouch Pharmacy and we may be able to assist in removal of the waste

Some Needle-stick safety guidelines:
- Never recap needles
- Place all used needles or other sharp items into an appropriate disposal container immediately after use.
- Plan for the safe handling and disposal of needles before using them
- Report all needles sticks or sharps related injuries promptly to your doctor.