



Dear Patient,

Welcome to Compass Community Pharmacy and our Prescription Pathfinder Program. We are excited about the opportunity to serve you for all of your pharmacy needs. We specialize in caring for patients in the Georgia area diagnosed with HIV/Hepatitis C.

The pharmacy staff at Compass Community Pharmacy understands that your medical condition is complicated. You may need help with your medical provider and/or insurance company. We are dedicated to giving you the personal service you need to help you achieve the most benefit from your therapy. This help includes: [DRX2-1A]

- Access to trained pharmacy staff 24 hours a day, 7 days a week
- Coordination of prior authorization with your insurance company
- Help following medical advice for your medication
- Free delivery
- Training, education and counseling
- Refill reminders
- Care planning
- Enrollment in our free Prescription Pathfinder Program; this program is designed to provide benefits such as managing side effects, understanding your medications and overall assistance to you regarding your medications every step of the way. This program is provided to you at no cost, and your participation is voluntary. You may opt out of our program at any time by contacting one of our pharmacy staff members.
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We look forward to providing you with the best service possible. We thank you for choosing Compass Community Pharmacy

Sincerely,

The Compass Community Pharmacy Team

## Pharmacy Information [P-PSC 1-1 ai] [CRX2-1A]

<b>Location</b>
Compass Community Pharmacy
158 Emery Highway
Macon, GA 31217
<b>Contact</b>
Website: <a href="https://www.compasspharmacy.org/">https://www.compasspharmacy.org/</a>
Phone: (833) 789-5302
<b>Pharmacy Hours</b>
Monday-Thursday: 9AM-6PM
Friday: 9AM- 1PM
Saturday-Sunday: Closed

### 24/7 Support [P-PSC 1-1 aiii, av] [DRX2-1A]

- After business hours
  - A pharmacist is available 24 hours a day, 7 days per week for patients to contact with questions related to medication, clinical questions, and urgent or emergent clinical issues.

### When to Contact Us [P-PSC 1-1 aiii, av] [DRX2-1A] [DRX2-1B]

- You have questions or concerns about your medication therapy
- You suspect a reaction or allergy to your medication
- A change has occurred in your medication use
- Your contact information or delivery address has changed
- Your insurance information or payment source has changed
- To check the status of your order, discuss an order delay or reschedule your delivery
- To receive claims related information

# Important Information

## Prescription Pathfinder Program [PM 2-2 a, b, c]

- Pharmacy patients are automatically enrolled in our therapy-specific Prescription Pathfinder Program. Our team of trained clinicians will provide you with continuous clinical evaluation, ongoing health monitoring, assessment of educational needs and management of your medication use.
- The patient management program provides benefits such as managing side effects, increasing compliance with drug therapies and overall improvement of health when you are willing to follow your treatment plan determined by you, your doctor and pharmacist..
- The success of the program depends on your willingness to report issues and answer the pharmacist questions honestly and accurately. Without your active participation, the benefits of this program are limited.
- The program is provided to you at no additional cost, and your participation is completely voluntary. If you wish to opt out of the program, please call and speak to pharmacy staff member.

## Financial Information [P-PSC 1-1 bi, bii, biii] [DRX2-1A] [DRX2-1B] (DRX2-1B - SRX and SRX ONLY)

- Before your care begins, a pharmacy staff member will inform you of your out-of-pocket costs such as deductibles, copays and coinsurance.
- We will submit claims to your health insurance carrier and, if your claim is denied, a staff member will notify you so that we can work together to resolve the issue.
- We will notify you if we are an out of network pharmacy and will provide you with the cash price of the medication upon request.
- Our team has access to financial assistance programs to address financial barriers to starting your medication. These programs include discount coupons from drug manufacturers and assistance from various disease management foundations. We will assist you with enrollment into such programs, when available.

## Filling a Prescription [P-PSC 1-1 aii] [DRX 5-5G]

- Your provider can send us your prescription, or you can provide it to us in person or through the mail.
- You will be contacted by our pharmacy staff 5-7 days prior to your refill date. If you would like to contact us for a refill, you can call us and speak to pharmacy staff member to process your refill request.

## Drug Substitution [DRX 5-5G]

- To save on your copay, our pharmacy will substitute generic medication when available for brand name if approved by you and your provider.

## Proper Disposal of Sharps [DRX 5-5G]

- Place all needles, syringes, and other sharp objects into a red sharps container. Upon request, we can provide you a sharps container if you are prescribed an injectable medication.
- Check with your local waste collection service for instructions on how to properly dispose of sharps containers.
- You can also visit the following website for more information:

- <https://safeneedledisposal.org/>

## **Proper Disposal of Unused Medications [DRX 5-5G]**

- Do not flush unused medications or pour them down a sink or drain.
- For instructions on how to properly dispose of unused medications, check with your local waste collection service. You can also check the following websites for additional information:
  - <https://www.fda.gov/consumers/consumer-updates/where-and-how-dispose-unused-medicines>
  - <https://www.fda.gov/drugs/ensuring-safe-use-medicine/safe-disposal-medicines>
  - <https://www.rxdrugdropbox.org/>

## **Drug Recalls [DRX 5-5G]**

- If your medication is recalled, the pharmacy will contact you with further instructions as directed by the FDA or drug manufacturer.

## **Accessing Medications During an Emergency or Disaster [DRX 5-5G]**

- In the event of an emergency or disaster in your area, please contact the pharmacy to inform us where to deliver your medication.
- If the pharmacy may be impacted by an emergency or disaster, you will be contacted to discuss possible transfer of your medications to ensure your therapy is not interrupted.

## **Medication Issues and Concerns [P-PSC 1-1 c, f] [DRX 5-5G]**

- Please contact the pharmacy as soon as possible to report medication issues such as adverse effects to your medication or suspected errors.
- You may contact the pharmacy by phone, writing, and/or via website if you have questions, concerns, or complaints that require assistance. Complaints will be forwarded to management and you will receive a response within 5 business days.
- We want you to be completely satisfied with the care we provide. If you or your caregiver have concerns, please contact the pharmacy by phone, online or in writing to discuss your concerns.
  - Compass Community Pharmacy  
Phone: (833) 789-5302  
Address: 158 Emery Highway  
Macon, GA 31217
- If you wish to seek further review of your concern, you may contact:
  - ACHC
    - Website: <https://www.achc.org/complaint-policy-process.html>
    - Telephone: (855) 937-2242 or 919-785-1214 (request Complaints Dept.)

- o URAC
  - Website: <https://www.urac.org/file-a-grievance>
  - Email Address: [grievances@urac.org](mailto:grievances@urac.org)
  
- o District of Georgia Board of Pharmacy
  - Website: <https://gbp.georgia.gov/>
  - Telephone: 404-651-8000
  - Anyone may file a complaint against a pharmacy, but complaints must be received in writing. A consumer may fill out the online complaint form or call the phone number above to have one mailed to you

## **Prescription Transfers** [P-PSC 1-1 aiv] [DRX 5-5G]

- If our pharmacy can no longer service your medication, a pharmacist will transfer your prescription to another pharmacy. We will inform you of this transfer of care.
- Please call us if you would like to receive your medications from another pharmacy. We will assist you in transferring your prescription to the appropriate pharmacy of your choice.

# Patient Rights and Responsibilities

As our patient, you have the **RIGHT** to: [DRX2-2A]

- Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care [DRX2-1A]
- Be informed, in advance both orally and in writing, of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the patient will be responsible [DRX3-4B]
- Receive information about the scope of services that the organization will provide and specific limitations on those services [DRX2-1A]
- Participate in the development and periodic revision of the plan of care [DRX5-4A]
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented [DRX2-6A]
- Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality [DRX2-2B]
- Be able to identify visiting personnel members through proper identification [DRX2-2B]
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property [DRX2-3A]
- Voice grievances/complaints regarding treatment or care or lack of respect of property, or recommend changes in policy, personnel, or care/service without restraint, interference, coercion, discrimination, or reprisal [DRX2-4A]
- Have grievances/complaints regarding treatment or care that is [or fails to be] furnished, or lack of respect of property investigated [DRX2-4A]
- Confidentiality and privacy of all information contained in the patient record and of Protected Health Information [PHI] [DRX2-5A]
- Be advised on the agency's policies and procedures regarding the disclosure of clinical records [DRX2-5A]
- Choose a healthcare provider, including an attending physician, if applicable [DRX2-2B]
- Receive appropriate care without discrimination in accordance with provider's orders, if applicable [DRX2-2B]
- Be informed of any financial benefits when referred to an organization [DRX2-2B]
- Be fully informed of one's responsibilities [DRX2-2B]
- Have personal health information shared with the patient management program only in accordance with state and federal law [PM 2-1 ai]
- Identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested [PM 2-1 aii]
- Speak to a health professional [PM 2-1 aiii]
- Receive information about the patient management program [PM 2-1 aiv]
- Decline participation at any point in time [PM 2-1 av]

As our patient, you have the **RESPONSIBILITY** to:

- Give accurate clinical/medical and contact information and to notify the patient management program of changes in this information [PM 2-1 bi] [DRX2-2A.01]
- Notify the treating prescriber of their participation in the services provided by the pharmacy, such as the patient management program [PM 2-1 bii] [DRX2-2A.01]
- Submit forms that are necessary to receive services [DRX2-2A.01]
- Maintain any equipment provided [DRX2-2A.01]
- Notify the organization of any concerns about the care or services provided [DRX2-2A.01]

## **Additional Information**

### Compass Pharmacy Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We at HOPE/Compass are required by law to maintain the privacy of Protected Health Information (“PHI”) and to provide you with notice of our legal duties and privacy practices with respect to PHI. References to “HOPE/Compass,” “we,” “us,” and “our” include HOPE/Compass and the members of its affiliated covered entity. An affiliated covered entity is a group of organizations under common ownership or control who designate themselves as a single affiliated covered entity for purposes of compliance with the Health Insurance Portability and Accountability Act (“HIPAA”). HOPE/Compass, its employees, workforce members and members of the HOPE/Compass’s affiliated covered entity who are involved in providing and coordinating healthcare are all bound to follow the terms of this Notice of Privacy Practices (“Notice”).

The members of the HOPE/Compass’s affiliated covered entity will share PHI with each other for the treatment, payment and health care operations of the affiliated covered entity and as permitted by HIPAA and this Notice. For a complete list of the members of HOPE/Compass’s affiliated covered entity, please contact the Privacy Office.

PHI is information that may identify you and that relates to your past, present, or future physical or mental health or condition, the provision of health care products and services to you or payment for such services. This Notice describes how we may use and disclose PHI about you, as well as how you obtain access to such PHI. This Notice also describes your rights with respect to your PHI. We are required by HIPAA to provide this Notice to you. HOPE/Compass is required to follow the terms of this Notice or any change to it that is in effect. We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain. If we do so, the updated Notice will be posted on our website and will be available at our facilities and locations where you receive health care products and services from us. Upon request, we will provide any revised Notice to you.

### **How We May Use and Disclose Your PHI**

The following categories describe different ways that we use and disclose your PHI. We have provided you with examples in certain categories; however, not every permissible use or disclosure will be listed in this Notice. Note that some types of PHI, such as HIV information, genetic information, alcohol and/or substance abuse records, and mental health records may be subject to special confidentiality protections under applicable state or federal law and we will abide by these special protections. If you would like additional information about special state law protections, you may contact the Privacy Office or visit [www.compasspharmacy.org](http://www.compasspharmacy.org).



## **Uses and Disclosures of PHI That Do Not Require Your Prior Authorization**

Except where prohibited by federal or state laws that require special privacy protections, we may use and disclose your PHI for treatment, payment and health care operations without your prior authorization as follows:

- 1. Treatment-** We may use and disclose your PHI to provide and coordinate the treatment, medications and services you receive. For example, we may disclose PHI to pharmacists, doctors, nurses, technicians and other personnel involved in your health care. We may also disclose your PHI with other third parties, such as hospitals, other pharmacies and other health care facilities and agencies to facilitate the provision of health care services, medications, equipment and supplies you may need. This helps to coordinate your care and make sure that everyone who is involved in your care has the information that they need about you to meet your health care needs.
- 2. Payment-** We may use and disclose your PHI in order to obtain payment for the health care products and services that we provide to you and for other payment activities related to the services that we provide. For example, we may contact your insurer, pharmacy benefit manager or other health care payor to determine whether it will pay for health care products and services you need and to determine the amount of your co-payment. We will bill you or a third-party payor for the cost of health care products and services we provide to you. The information on or accompanying the bill may include information that identifies you, as well as information about the services that were provided to you or the medications you are taking. We may also disclose your PHI to other health care providers or HIPAA covered entities who may need it for their payment activities.
- 3. Health Care Operations-** We may use and disclose your PHI for our health care operations. Health care operations are activities necessary for us to operate our health care businesses. For example, we may use your PHI to monitor the performance of the staff and pharmacists providing treatment to you. We may use your PHI as part of our efforts to continually improve the quality and effectiveness of the health care products and services we provide. We may also analyze PHI to improve the quality and efficiency of health care, for example, to assess and improve outcomes for health care conditions. We may also disclose your PHI to other HIPAA covered entities that have provided services to you so that they can improve the quality and effectiveness of the health care services that they provide. We may use your PHI to create de-identified data, which is stripped of your identifiable data and no longer identifies you.

**We may also use and disclose your PHI without your prior authorization for the following purposes:**

- 1. Business Associates-** We may contract with third parties to perform certain services for us, such as billing services, copy services or consulting services. These third party service providers, referred to as Business Associates, may need to access your PHI to perform services for us. They are required by contract and law to protect your PHI and only use and disclose it as necessary to perform their services for us.

- 2. To Communicate with Individuals Involved in Your Care or Payment for Your Care** -We may disclose to a family member, other relative, close personal friend, or any other person you identify, PHI directly relevant to that person’s involvement in your care or payment related to your care. Additionally, we may disclose PHI to your “personal representative.” If a person has the authority by law to make health care decisions for you, we will generally regard that person as your “personal representative” and treat him or her the same way we would treat you with respect to your PHI.
- 3. Food and Drug Administration (“FDA”)-** We may disclose to persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.
- 4. Worker’s Compensation-** To the extent necessary to comply with law, we may disclose your PHI to worker’s compensation or other similar programs established by law.
- 5. Public Health-** We may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability, including the FDA. In certain circumstances, we may also report work-related illnesses and injuries to employers for workplace safety purposes.
- 6. Law Enforcement-** We may disclose your PHI for law enforcement purposes as required or permitted by law – for example, in response to a subpoena or court order, in response to a request from law enforcement, and to report limited information in certain circumstances.
- 7. As Required by Law-** We will disclose your PHI when required to do so by federal, state or local law.
- 8. Health Oversight Activities-** We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing, as necessary for licensure and for the government to monitor the health care system, government programs and compliance with civil rights laws.
- 9. Judicial and Administrative Proceedings-** If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to first tell you about the request or to obtain an order protecting the information requested.
- 10. Research-** We may use your PHI to conduct research and we may disclose your PHI to researchers as authorized by law. For example, we may use or disclose your PHI as part of a research study when the research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.
- 11. Coroners, Medical Examiners and Funeral Directors-** We may release your PHI to coroners or medical examiners so that they can carry out their duties. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to enable them to carry out their duties.
- 12. Organ or Tissue Procurement Organizations-** Consistent with applicable law, we may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

13. Notification- We may use or disclose your PHI to notify or assist in notifying a family member, personal representative, or another person responsible for your care, regarding your location and general condition.
14. Disaster Relief- We may use and disclose your PHI to organizations for purposes of disaster relief efforts.
15. Fundraising- As permitted by applicable law, we may contact you to provide you with information about our fundraising programs. You have the right to “opt out” of receiving these communications and such fundraising materials will explain how you may request to opt out of future communications if you do not want us to contact you further for fundraising efforts.
16. Correctional Institution- If you are or become an inmate of a correctional institution, we may disclose to the institution, or its agents, PHI necessary for your health and the health and safety of other individuals.
17. To Avert a Serious Threat to Health or Safety- We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
18. Military and Veterans- If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.
19. National Security, Intelligence Activities, and Protective Services for the President and Others- We may release PHI about you to federal officials for intelligence, counterintelligence, protection of the President, and other national security activities authorized by law.
20. Victims of Abuse or Neglect- We may disclose PHI about you to a government authority if we reasonably believe you are a victim of abuse or neglect. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else.

## **II. Uses and Disclosures of PHI that Require Your Prior Authorization**

1. Specific Uses or Disclosures Requiring Authorization- We will obtain your written authorization for the use or disclosure of psychotherapy notes, use or disclosure of PHI for marketing, and for the sale of PHI, except in limited circumstances where applicable law allows such uses or disclosure without your authorization.
2. Other Uses and Disclosures. We will obtain your written authorization before using or disclosing your PHI for purposes other than those described in this Notice or otherwise permitted by law. You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

## Your Health Information Rights:

1. Obtain a paper copy of the Notice upon request- You may request a copy of our current Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. You may obtain a paper copy at the site where you obtain health care services from us or by contacting the Privacy Office.
2. Request a restriction on certain uses and disclosures of PHI- You have the right to request additional restrictions on our use or disclosure of your PHI by sending a written request to the Privacy Office. We are not required to agree to the restrictions, except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations, is not otherwise required by law, and the PHI pertains solely to a health care item or service for which you, or a person on your behalf, has paid in full.
3. Inspect and obtain a copy of PHI- With a few exceptions, you have the right to access and obtain a copy of the PHI that we maintain about you. If we maintain an electronic health record containing your PHI, you have the right to request to obtain the PHI in an electronic format. To inspect or obtain a copy of your PHI, you must send a written request to the Privacy Office. You may ask us to send a copy of your PHI to other individuals or entities that you designate. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to your PHI, you may request that the denial be reviewed.
4. Request an amendment of PHI- If you feel that PHI we maintain about you is incomplete or incorrect, you may request that we amend it. To request an amendment, you must send a written request to the Privacy Office. You must include a reason that supports your request. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it.
5. Receive an accounting of disclosures of PHI- With the exception of certain disclosures, you have a right to receive a list of the disclosures we have made of your PHI, in the six years prior to the date of your request, to entities or individuals other than you. To request an accounting, you must submit a request in writing to the Privacy Office. Your request must specify a time period. Request communications of PHI by alternative means or at alternative locations- You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For instance, you may request that we contact you at a different residence or post office box, or via e-mail or other electronic means. Please note if you choose to receive communications from us via e-mail or other electronic means, those may not be a secure means of communication and your PHI that may be contained in our e-mails to you will not be encrypted. This means that there is risk that your PHI in the e-mails may be intercepted and read by, or disclosed to, unauthorized third parties. To request confidential communication of your PHI, you must submit a request in writing to the Privacy Office. Your request must tell us how or where you would like to be contacted. We will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested, we may contact you using the information we have.
6. Notification of a Breach- You have a right to be notified following a breach of your unsecured PHI, and we will notify you in accordance with applicable law.

7. Where to obtain forms for submitting written requests- You may obtain forms for submitting written requests by contacting the Privacy Officer at HOPE/Compass Privacy Office, 180 Emery Hwy, Macon, Georgia 31217 or toll-free by telephone at (833) 789-5302. You can also visit [www.compasspharmacy.org](http://www.compasspharmacy.org) to obtain these forms.
8. For More Information or to Report a Problem- If you have questions or would like additional information about HOPE/Compass' privacy practices, you may contact our Privacy Officer at HOPE/Compass Privacy Office, 180 Emery Hwy, Macon, Georgia 31217 or toll-free by telephone at (833) 789-5302. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Secretary of Health and Human Services. You can also file a complaint through [www.compasspharmacy.org](http://www.compasspharmacy.org), and we will route your complaint to the Privacy Office. There will be no retaliation for filing a complaint.

Effective Date This Notice is effective as of June 1st, 2019

# Addition website information regarding your medication, condition/diagnosis and community and financial resources

[PM 4-1 d, e]

Allergy and Immunology	<a href="https://www.aaaaifoundation.org">https://www.aaaaifoundation.org</a>
Crohn's Disease	<a href="http://www.ccfa.org/science-and-professionals/programs-materials/patient-brochures">http://www.ccfa.org/science-and-professionals/programs-materials/patient-brochures</a> <a href="http://www.crohnonline.com">http://www.crohnonline.com</a> <a href="http://www.crohnsforum.com">http://www.crohnsforum.com</a>
Cystic Fibrosis	<a href="https://www.cff.org/">https://www.cff.org/</a>
Growth Hormone Deficiency	<a href="http://www.hgfound.org">http://www.hgfound.org</a>
Hepatitis	<a href="http://www.liverfoundation.org">http://www.liverfoundation.org</a> <a href="http://www.hepatitis-central.com">http://www.hepatitis-central.com</a> <a href="http://www.hepb.org/resources/printable_information.htm">http://www.hepb.org/resources/printable_information.htm</a>
HIV	<a href="https://www.hiv.gov">https://www.hiv.gov</a> <a href="https://www.cdc.gov/hiv/basics/livingwithhiv/resources">https://www.cdc.gov/hiv/basics/livingwithhiv/resources</a>
IBD	<a href="https://www.crohnscolitisfoundation.org">https://www.crohnscolitisfoundation.org</a>
Infertility	<a href="https://resolve.org">https://resolve.org</a>
Lipid Disorders	<a href="https://www.lipid.org/foundations">https://www.lipid.org/foundations</a>
Multiple Myeloma	<a href="https://themmrf.org/multiple-myeloma/what-is-multiple-myeloma">https://themmrf.org/multiple-myeloma/what-is-multiple-myeloma</a>
Multiple Sclerosis	<a href="http://www.mymsaa.org">http://www.mymsaa.org</a> <a href="http://www.msfocus.org">http://www.msfocus.org</a> <a href="http://www.nationalmssociety.org">http://www.nationalmssociety.org</a>
Neuro Oncology	<a href="https://www.soc-neuro-onc.org/SNO/Resources/Patient_Resources/SNO/Resources/Patient_Resources.aspx">https://www.soc-neuro-onc.org/SNO/Resources/Patient_Resources/SNO/Resources/Patient_Resources.aspx</a>
Oncology/Hematology	<a href="https://www.cancer.org">https://www.cancer.org</a> <a href="https://www.livestrong.org/we-can-help">https://www.livestrong.org/we-can-help</a>
Psoriasis	<a href="http://www.psoriasis.org">http://www.psoriasis.org</a>
Pulmonary Hypertension	<a href="https://phassociation.org/patients/aboutph">https://phassociation.org/patients/aboutph</a>
Rheumatoid Arthritis	<a href="https://www.rheumatology.org/I-Am-A/Patient-Caregiver/Diseases-Conditions/Rheumatoid-Arthritis">https://www.rheumatology.org/I-Am-A/Patient-Caregiver/Diseases-Conditions/Rheumatoid-Arthritis</a> <a href="http://www.rheumatoidarthritis.com">http://www.rheumatoidarthritis.com</a> <a href="http://www.arthritis.org">http://www.arthritis.org</a>
Solid Organ Transplant	<a href="https://transplantliving.org">https://transplantliving.org</a>
Stem Cell Transplant	<a href="https://www.asbmt.org/patient-education/external-resources">https://www.asbmt.org/patient-education/external-resources</a>

## **Emergency/Disaster Preparedness Plan [DRX5-5A] [DRX7-4C]**

**Compass Community Pharmacy** has a comprehensive emergency preparedness plan to help ensure continued treatment during an emergency or disaster such as severe storms, hurricanes, tornadoes, earthquakes, fire and flooding. Our primary goal is to continue to service your prescription needs. When there is a threat of disaster, we will ensure you have enough medication to sustain you.

1. The pharmacy will call you 3-5 days before an anticipated local weather emergency utilizing the weather updates as point of reference.
  - a. If you are not in the pharmacy local area but reside in a location that will experience a weather disaster you are responsible for calling the pharmacy 3-5 days before the occurrence to discuss your medication needs.
2. The pharmacy will send your medication via courier or UPS next day delivery during any suspected weather emergencies.
3. If the pharmacy cannot get your medication to you before a weather emergency occurrence the pharmacy will transfer your medication to a local pharmacy, so you do not go without medication.
4. If a local disaster occurs and the pharmacy cannot reach you or you cannot reach the pharmacy, please listen to your local news and rescue centers for advice on obtaining medication or visit your local hospital immediately.

Call 911 or go to the nearest emergency room if you are unable to reach the pharmacy and may run out of your medication.

## **Infection Control [DRX7-1A]**

According to the Centers for Disease Control (CDC), the most important step to prevent the spread of germs and infections is hand washing. You can help yourself and your loved ones stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:

- **Before, during, and after** preparing food
- **Before** eating food
- **Before and after** caring for someone at home who is sick with vomiting or diarrhea
- **Before and after** treating a cut or wound
- **After** using the toilet
- **After** changing diapers or cleaning up a child who has used the toilet
- **After** blowing your nose, coughing, or sneezing
- **After** touching an animal, animal feed, or animal waste
- **After** handling pet food or pet treats
- **After** touching garbage

Follow these five steps every time you wash your hands:

1. **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.

2. **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. **Scrub** your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean towel or air dry them.

### **How to use hand sanitizer**

- Apply the gel product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.
- Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds.

## **Home Safety Information**

Here are some helpful guidelines to help you keep a careful eye on your home and maintain safe habits. The safe way is always the best way to do things. Shortcuts may hurt. Correct unsafe conditions before they cause an accident. Take responsibility. Keep your home safe. Keep emergency phone numbers handy.

### **Medication**

- If children are in the home, store medications and poisons in childproof containers and out of reach
- All medication should be labeled clearly and left in original containers
- Do not give or take medication that were prescribed for other people
- When taking or giving medication, read the label and measure doses carefully and know the side effects of the medication you are taking
- Before administering an injectable medication for yourself or others wash your hands thoroughly and prepare a clean area to give the injection.

### **Mobility Items**

When using mobility items to get around such as canes, walkers, wheelchairs or crutches you should use extra care to prevent slips and falls.

- Use extreme care to avoid using walkers, canes or crutches on slippery or wet surfaces
- Always put the wheelchairs or seated walkers in the lock position when standing up or before sitting down
- Wear shoes when using these items and try to avoid obstacles in your path as well as soft and uneven surfaces



## **Slips and Falls**

Slips and falls are the most common and often the most serious accidents in the home. Here are some things you can do to prevent them in your home.

- Arrange furniture to avoid an obstacle course
- Secure throw rugs or remove them all together
- Install handrails on all stairs, showers, bathtubs and toilets
- Keep stairs clear and well lit
- Place rubber mats or grids in showers and bathtubs
- Use bath benches or shower chairs if you have muscle weakness, shortness of breath or dizziness
- Wipe up all spilled water, oil or grease immediately
- Pick up and keep surprises out from under foot including electrical cords
- Keep drawers and cabinets closed
- Install good lighting to avoid searching in the dark

## **Lifting**

If it is too big, too heavy or too awkward to move alone -GET HELP. Here are some things you can do to prevent low back pain or injury.

- Stand close to the load with your feet apart for good balance
- Bend your knees and straddle the load
- Keep your back as straight as possible while you lift and carry the load
- Avoid twisting your body when carrying a load
- Plan ahead - clear your way

## **Electrical Accidents**

Watch for early warning signs, overheating, a burning smell, sparks. Unplug the appliance and get it checked right away. Here are some things you can do to prevent electrical accidents.

- Keep cords and electrical appliances away from water
- Do not plug cords under rugs, through doorways or near heaters. Check cords for damage before use
- Extension cords must have a big enough wire for larger appliances
- If you have a broken plug outlet or wire, get it fixed right away
- Use a ground on 3-wire plugs to prevent shock in case of electrical fault
- Do not overload outlets with too many plugs
- Use three-prong adapters when necessary

## Smell of Gas

- Open windows and doors
- Shut off appliance involved (You may be able to refer to the front of your telephone book for instructions regarding turning off the gas to your home)
- Don't use matches or turn on electrical switches
- Don't use telephone - dialing may create electrical sparks
- Don't light candles
- Call gas company from a neighbor's home
- If your gas company offers free annual inspections, take advantage of them

## Fire

Pre-plan and practice your fire escape. Plan for at least two ways out of your home. If your fire exit is through a window, make sure it opens easily. If you are in an apartment, know where the exit stairs are located. Do not use the elevator in a fire emergency. You may notify the fire department ahead of time if you have a disability or special needs. Here are some steps to prevent fires:

- Install smoke detectors as they are your best early warning, test frequently and change the battery every year
- If there is oxygen in use, place a "No Smoking" sign in plain view of all persons entering the home
- Throw away old newspapers, magazines and boxes
- Empty wastebaskets and trashcans regularly
- Do not allow ashtrays or toss matches into wastebaskets unless you know they are out and have been wetted down first or dump into toilet.
- Have your chimney and fireplace checked frequently:
- Look for and repair cracks and loose mortar
- Keep paper, wood and rugs away from area where sparks could hit them
- Be careful when using space heaters.
- Follow instructions when using heating pad to avoid serious burns.
- Check your furnace and pipes regularly
- If nearby walls or ceilings feel hot, add insulation
- Keep a fire extinguisher in your home and know how to use it

## If you have a fire or suspect fire

1. Take immediate action per plan - Escape is your top priority
2. Get help on the way - with no delay - **CALL 9-1-1**
3. If your fire escape is cut off, close the door and seal the cracks to hold back smoke and signal help from the window

For more information about the CDC and their mission to protect America from health, safety and security threats, both foreign and in the U.S. please visit: <https://www.cdc.gov/>



## Acknowledgement Form

ACKNOWLEDGEMENT OF INFORMATIONAL WELCOME PACKET TO:

### Compass Community Pharmacy's Prescription Pathfinder Program

Please confirm that you have received the Welcome Packet for the **Compass Community Pharmacy Prescription Pathfinder Program** signing and returning this form in the enclosed postage paid envelope. Completed forms may be mailed or emailed to:

**Compass Community Pharmacy**  
**Attn: Pharmacy**  
158 Emery Highway  
Macon, GA 31217

I confirm that I have received the Welcome Packet for the **Compass Community Pharmacy Prescription Pathfinder Program**, which includes Hours of Operation, Contact Information, Patient Bill of Rights and Responsibilities, Financial Obligation, Medication Recalls, Complaint Process and information on Privacy and Confidentiality policies.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

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Phone Number

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Email Address

\_\_\_\_\_  
Signature

Please note that information sent through **email** may not be secure. Although it is unlikely, there is a possibility that information you include in an unsecured email can be captured and read by other parties other than the intended recipient. When emailing this form, do not include any personal identifying information such as your birth date, financial information like credit card number or insurance information, or any personal medical information.

Thank you for choosing **Compass Community Pharmacy** to service all of your pharmacy needs.