

635 MAIN STREET



GREEN BAY, WI 54301

### COMMUNITY PHARMACY NEW PATIENT FORM

Welcome to Streu's Pharmacy Bay Natural! Please fill out the to following information so we may provide you with the most comprehensive care possible.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ D.O.B. \_\_\_\_\_ GENDER: \_\_\_\_\_

*For pharmacy use INSURANCE*

ID# \_\_\_\_\_ GRP# \_\_\_\_\_ BIN# \_\_\_\_\_ PCN# \_\_\_\_\_

#### **PLEASE PROVIDE PREFERENCES FOR RECEIVING YOUR MEDICATIONS:**

How would you like your medications packaged? (select one)

In safety-capped BOTTLES       In BOTTLES without safety caps

In BLISTER PACKS (circle type preferred below, ask to see samples):

**START DATE:** \_\_\_\_\_ **Pickup/Delivery:** \_\_\_\_\_

Monthly card booklets

Weekly card booklets

Medicine-on-Time® foils



*If blister packaged you may be asked to provide preferred times of day you want to take your medications.*

Would you like to enroll in MEDSYNC to have RXs aligned & automatically filled (it's free, ask for details)?

Yes, all scheduled meds       Yes, but only certain meds (list below)       Not now

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What other pharmacy do you use, if any? \_\_\_\_\_

Would you like to transfer other prescriptions here?

\_\_\_ YES, all \_\_\_ NO

\_\_\_ YES, but just specific ones (list): \_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR HEALTH:**

1) Who is/are your primary **DOCTOR(s)**: \_\_\_\_\_

2) Do you have any **DRUG ALLERGIES**? NO \_\_\_ YES (please list below)\_\_\_

Drug allergy

Reaction you had to the drug:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3) Do you have any of the following **MEDICAL CONDITIONS**?

\_\_\_ Asthma \_\_\_ COPD \_\_\_ Depression \_\_\_ Diabetes \_\_\_ Heart Disease

\_\_\_ High Blood Pressure \_\_\_ High Cholesterol \_\_\_ Stroke \_\_\_ Other (list below)

\_\_\_\_\_

4) Do you currently **SMOKE**? \_\_\_ No \_\_\_ Yes, and I want to quit \_\_\_ Yes; not ready to quit now

5) Please list the **MEDICATIONS** and **SUPPLEMENTS** you currently take:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6) Have you had a **VACCINE** for any of the following? :

SHINGLES \_\_\_ YES (if you know which one(s), please circle below) \_\_\_ NO

Shingrix® (new shingles vaccine)

Zostavax® (old shingles vaccine)

PNEUMONIA \_\_\_ YES (if you know which one(s), please circle below) \_\_\_ NO

Pneumovax® 23

Prevnar 13®

INFLUENZA (flu shot) \_\_\_ YES (last year received \_\_\_\_\_) \_\_\_ NO

7) If the patient is a child, please provide their current **weight**: \_\_\_\_\_ lbs

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## ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I have been offered/received a copy of and understand the following Streu's Pharmacy forms:

1. Notice of Privacy Practices (NOPP) / Patient Bill of Rights and Responsibilities
2. Billing Information Form / 30 Supplier Standards
3. Complaint Procedure
4. Red Cross Emergency Kit Information

I will notify the Pharmacist of changes in my PHI that could include, but are not limited to, the following: new medications, changes in directions for use of medication, allergies or drug reactions, address changes, insurance changes, or any health condition changes.

\_\_\_\_\_  
**PRINT** Patient Name or Attach Label

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Patient/Guardian/Power of Attorney  
(please circle one)

\_\_\_\_\_  
Date

635 MAIN STREET



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### HIPAA RELEASE OF INFORMATION AUTHORIZATION

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

**NOTE TO PATIENT:** No Conditions: This authorization is voluntary.  
 Effect: The protected health information described below may be disclosed to and/or received by persons or organizations who are not subject to federal health information privacy laws. Once it is released to such parties it is no longer protect by federal health information privacy laws.

**1. Check one (1) of the following: Who can have access?**

- Do NOT release information to anyone other than myself (patient).
- Please identify TO WHOM your information is being authorized for release:

1. Name \_\_\_\_\_ Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Use/disclosure authorized:  Billing Information  Prescription Information (including insurance information)

2. Name \_\_\_\_\_ Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 use/disclosure is authorized:  Billing Information  Prescription Information (including insurance information)

**2. Check one (1) of the following: Where is correspondence and billing mailed?**

- Mail correspondence and billing statement to my address as listed above (patient)
- Indicate where correspondence and billing statements should be mailed:

Name \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Expiration and Revocation: This authorization will remain in effect until I choose to revoke it. Right to Revoke: I understand that I may revoke this authorization at any time by providing written notice of revocation to Streu's Pharmacy, 635 Main St. Green Bay, WI 54301. Revocation of this authorization will not affect any action taken in reliance on this authorization before we received written notice of revocation.

**INFORMATION WILL NOT BE RELEASED WITHOUT THE APPROPRIATE CONSENT FORM SIGNED.**

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

POA Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

NOTE: If POA is activated, please attach a copy of the POA notarized signature page.

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## Streu's RX Savings Club

To save our customers money on the rising cost of prescriptions, we have developed a prescription savings club and have enrolled all our valuable customers.

Please complete the bottom half of this form and return to Streu's Pharmacy Bay Natural with the remainder of the admission forms. If you choose not to participate, you may see a cost increase in your prescriptions. This program will not be used for marketing or promotion of any kind.

- I confirm my enrollment in the Streu's Pharmacy Bay Natural "Streu's RX" prescription savings club. There is no cost to join.
- I decline membership in the Streu's Pharmacy Bay Natural "Streu's RX" prescription savings club. I understand I may see an increase in the cost of my prescriptions.

Name [Print]: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

635 MAIN STREET



GREEN BAY, WI 54301

## **NOTICE OF PRIVACY PRACTICE (PART 1)**

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

## **PATIENT BILL OF RIGHTS AND RESPONSIBILITIES (PART 2)**

### **Part 1 - SECTION A: Uses and Disclosures of Protected Health Information**

The Pharmacy is required by law to maintain the privacy of Protected Health Information (PHI) and Electronic Protected Health Information (EPHI), to provide individuals with notice of our legal duties and privacy practices with respect to PHI and to notify effected individuals following a breach of unsecured PHI. PHI is information that may identify patients and that relates to past, present or future physical or mental health or conditions and related health care services. It may include electronic and computerized information, telephone and cell phone communications, verbal and faxed information. This Notice of Privacy Practices (Notice) describes how PHI may be used and disclosed to carry out treatment, payment or health care operations and for other specified purposes that are permitted or required by law. The Notice also describes patient rights with respect to PHI about the patients.

The Pharmacy is required to follow the terms of this Notice and to maintain the storage and access to records to prevent loss, destruction or tampering of information. PHI is not used or disclosed about patients without written authorization, except as described in this Notice. We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI maintained. Upon request a revised Notice is provided.

The Pharmacy obtains written authorization from the patient before using or disclosing PHI for purposes not described in this notice or as otherwise required by law. This can include for psychotherapy notes, marketing purposes, and disclosures that constitute a sale of PHI. Authorization may be revoked in writing at any time by contacting the Pharmacy at the address listed in Section B. Upon receipt of a written revocation PHI is no longer used or disclosed, except to the extent that action was already taken in reliance on the authorization.

The Pharmacy is permitted to make certain types of uses and disclosures for treatment, payment, and healthcare operation purposes. For treatment purposes, such uses and disclosures are used in providing, coordinating, or managing healthcare and its related services by one or more providers, such as a pharmacist consulting with a physician regarding medications, treatments or conditions.

For payment purposes, such uses and disclosures are used to obtain or provide reimbursement for providing pharmaceutical care services, such as when a case is reviewed to ensure appropriate care was rendered. For reimbursement purposes, PHI may be disclosed to one of several intermediaries including, but not limited to, insurers, pharmacy benefit managers, claim administrators and computer switching companies.

For healthcare operation purposes, such use and disclosure includes for quality assessment and improvement, provider review and training, reviews and compliance activities. This is used in an effort to continually improve the quality and effectiveness of the health care and service provided.

In addition, the Pharmacy may contact patients to provide refill reminders, health screenings, wellness events, vaccinations, information about treatment alternatives or other health-related benefits and services that may be of interest, or by telephone concerning the furnishing of a Medicare-covered item that is to be purchased/received by the patient. The Pharmacy may contact patients for the purpose of fund raising activities, with patients having the option to opt out of such activities. Face to face marketing communications and promotional gifts of nominal value are permitted without authorization.

The Pharmacy may use and disclose PHI, without patient authorizations, when the Pharmacy needs to contact a physician or physician's staff and is permitted or required to do so without individual written consent or authorization. The Pharmacy may use and disclose PHI if contacted by another Pharmacy stating they have the patient's request and consent to transfer Pharmacy records on the patient's behalf.

Business Associates may be used to assist the Pharmacy in providing service for patients. PHI may be shared between the Pharmacy and the Business Associate. Business Associates are required to comply with all federal and state security and privacy rules and regulations.

The Pharmacy may disclose PHI without patient authorization to comply with workers compensations laws, as required by law enforcement, legal proceedings, public health requirements, health oversight activities (such as information necessary for licensure, for the FDA as related to adverse events/product defects, for coroners and medical examiners, correctional institutions when necessary for the health or safety of the patient and others, or to the Federal Department of Health and Human Services (DHHS) to determine our compliance with their standards, and as required by law).

Patients may request restricted uses and disclosures of PHI to carry out treatment, payment, or healthcare operations, or to restrict uses and disclosures to family members, relatives, friends or other persons identified who are involved in the patient's care or payment for care. However, the Pharmacy is not required to agree to the request if the patient is in need of emergency treatment. If, however, patients request a restriction on a disclosure (unless the disclosure is otherwise required by law) of PHI to a health plan for purposes of carrying out payment or health care operations, and if the restriction applies to PHI that pertains solely to a health care item or service for which the Pharmacy has been paid out of pocket in full, the request will be honored.

Patients have the right to request the following with respect to PHI:

1. (i) inspection and copying;
2. (ii) amendment or correction (amendment requests may be denied if the records were not created by the Pharmacy, are not part of the Pharmacy's records, would not be available for inspection and copying under 164.524 (relating to grounds for denying access to PHI) or if in the Pharmacy's opinion the information contained in the record is accurate and complete);
3. (iii) an accounting of disclosures of PHI by us; the Pharmacy is not required to account to patients for disclosures made for treatment, payment, health care operations, disclosures to patients or their personal representative, for notifications or as otherwise excluded by law;
4. (iv) an electronic copy of PHI that is maintained electronically in designated record set(s). Pharmacy will provide access in electronic form and format requested, if it is readily producible, or, if not, in a readable electronic form and format as agreed to by the Pharmacy and patient;
5. (v) for Pharmacy to transmit copy of PHI (not limited to electronic form) to patients' designee if request is in writing, is signed, and clearly identifies designated person and where it is to be sent;
6. (vi) receipt of a paper copy of this Notice upon request.

Requests must be made in writing to the address listed in Section B. Requests must specify the time period of disclosure, which cannot exceed six years. Patients are notified of any cost involved (pharmacy may charge for supplies, cost of electronic media, labor and postage) in providing this information and may choose to withdraw or modify the request at any time. In addition, patients may request, and the request must be accommodated if reasonable, to receive communications of PHI by alternative means or at alternative locations. Contact the Pharmacy as described in Section B with such requests.

The Pharmacy may use patient names to reference prescriptions and pharmaceutical care services. Patients may be required to sign a signature log form or to acknowledge receipt of service, to acknowledge receipt of this Notice and the Patient Bill of Rights and Responsibilities, and the disclosure of PHI as outlined herein. The Pharmacy may disclose this information to other persons who ask for patient prescriptions by name. Patients may restrict or prohibit uses and disclosures by notifying the Pharmacy in writing. The Pharmacy is not required to honor these requests. The Pharmacy provides treatment services, even if patients object to signing the acknowledgement of receipt of this Notice or if the Pharmacy decides not to honor a request regarding the information in this Notice while documenting the patient requests and refusals. In the event of an emergency or patient incapacity, the Pharmacy uses reasonable judgment for what is consistent with patient known preferences, and what is determined to be in the best interest of the patient. Patients are informed of uses or disclosures under such circumstances and given an opportunity to object as soon as practical.

The Pharmacy may disclose to patient's family members, to a relative or close personal friend, or to any other person identified by the patient, PHI that is directly relevant to the person's involvement with care or payment related to care. In addition, unless the patient objects, the Pharmacy may use or disclose PHI to notify, identify, or locate a member of the family, the personal representative, another person responsible for care, or certain disaster relief agencies of the patient's location, general condition, or death. If patients are incapacitated, there is an emergency, or they object to this use or disclosure, the Pharmacy uses its judgment of what is in the best interest of the patient and discloses only information directly relevant to the person's involvement with the healthcare. The Pharmacy uses its judgment and experience regarding the best interest in allowing people to pick-up filled prescriptions or similar forms of PHI.

Patients believing their privacy or security rights have been violated may file a complaint with the Pharmacy at the location described in Section B, with the Office for Civil Rights Regional Manager, US Department of Health and Human Services, 233 N. Michigan Avenue, Suite 240, Chicago, IL 60601 (800-368-1019) or with the Accreditation Commission for Health Care (855-937-2242). Patients are not retaliated against for filing a complaint.

**Section B: Contacting Us:** Streu's Pharmacy, Inc., Privacy Officer, 635 Main Street, Green Bay, WI 54301, (920) 437-0206

## **Part 2 - PATIENT BILL OF RIGHTS AND RESPONSIBILITIES**

### **The Patient has the responsibility to:**

- Provide information regarding medical history, allergies, medication usage and other pertinent matters related to health status.
- Take responsibility for requesting additional information or clarification about health status, treatment, or financial responsibilities when the information or instructions are not clearly understood.
- Pay all outstanding financial charges.

### **The Patient has the right to:**

- Make decisions prior to and during the course of treatment and to refuse a recommended treatment to the extent permitted by law and to be informed of the medical consequences of this action. In case of such refusal, you are entitled to other appropriate care and services that the pharmacy provides or to receive services from another provider.
- Be informed, both orally and in writing, in advance of service provided, of the charges, including payment for service expected from third parties and any charges for which the patient will be responsible.
- Considerate and respectful care from your pharmacists, nurses and other pharmacy staff that does not discriminate against you and is in accordance with your physician's orders.
- Have your property and person treated with respect, consideration, and recognition of patient dignity and individuality.
- Be able to identify staff members through visible proper identification.
- Be informed of pharmacy policies and practices that relate to patient service, treatment and responsibilities.
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of client/patient property.
- Be informed of available resources for resolving disputes, grievances and conflicts (Refer to Notice of Privacy Practice, Streu's Pharmacy Complaint Form, Streu's Pharmacy Incident/Adverse Event Form).
- Report and have investigated grievances/complaints regarding treatment or service, lack of respect of property, and may recommend changes in policy, staff or service without restraint, interference, coercion, discrimination or reprisal. Be informed of option to report Medicare complaints/questions to 1-800-Medicare.
- A choice of healthcare providers, including choosing an attending physician.
- Talk privately with staff and to have your health care information protected. You also have the right to read and copy your own medical information.
- Expect that the pharmacy will maintain the confidentiality and privacy of your Protected Health Information (Refer to Notice of Privacy Practice (NOPP)).
- Be advised of policies and procedures regarding the disclosure of information (Refer to NOPP).
- Have your rights exercised by the person appointed to act on your behalf, or by the representative you designated to act on your behalf.
- Accurate and easily understood information about your health plan, the pharmacy and pharmacy staff.
- Have help provided if you speak another language, have a physical or mental disability, or have difficulty understanding the information, so you can make informed health care decisions.
- Be informed of pharmacy service limitations and be informed of any financial benefits when referred to another service provider.



## MEDICARE DMEPOS SUPPLIER STANDARDS

**Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).**

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment. (The Pharmacy does not rent any equipment.)
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site and must maintain a visible sign with posted hours of operation. The location must be accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR § 424.57 (c) (11).
12. A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items, and maintain proof of delivery and beneficiary instruction.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair cost either directly, or through a service contract with another company, any Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services for which the supplier is accredited in order for the supplier to receive payment for those specific products and services (except for certain exempt pharmaceuticals).
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d).
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR § 424.516(f).
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848(j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

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GREEN BAY, WI 54301

## COMPLAINT PROCEDURE

The pharmacists, technicians, and nurses at Streu's Pharmacy pride ourselves in providing safe, accurate and timely pharmacy services to our patients. If you have a concern or complaint regarding our service, please don't hesitate to call a member of our management team. We would be glad to discuss the situation and determine the best possible solution to meet your needs.

### Streu's Pharmacy Long-Term Care Hours of Operation:

Monday thru Friday: 7 AM – 10 PM

Saturday: 8 AM – 8 PM

Sunday: 8 AM – 4 PM (Urgent Orders Only)

Phone: (920) 593-2467

### Streu's Pharmacy Community Pharmacy Hours of Operation:

Monday thru Friday: 8 AM – 7 PM

Saturday: 9 AM – 1 PM

Sunday: Closed

Phone: (920) 437-0206

If your complaint has not been resolved adequately following contact with one of our management staff or owners, please refer to the contact information provided below to formulate a formal complaint with one of the following agencies.

### Department of Health Services

1 West Wilson Street

Madison, WI 53703

(608) 266-1865

TTY phone number: 888-701-1251

### Accreditation Commission for Health Care

139 Weston Oaks Court

Cary, NC 27513

855-937-2242

# Be Red Cross Ready

## Get a kit. Make a plan. Be informed.

It's important to prepare for possible disasters and other emergencies. Natural and human-caused disasters can strike suddenly, at any time and anywhere. There are three actions everyone can take that can help make a difference ...

### Be Red Cross Ready Checklist

- I know what emergencies or disasters are most likely to occur in my community.
- I have a family disaster plan and have practiced it.
- I have an emergency preparedness kit.
- At least one member of my household is trained in first aid and CPR/AED.
- I have taken action to help my community prepare.

### Get a kit



**At a minimum, have the basic supplies listed below.** Keep supplies in an easy-to-carry emergency preparedness kit that you can use at home or take with you in case you must evacuate.

- Water—one gallon per person, per day (3-day supply for evacuation, 2-week supply for home)
- Food—non-perishable, easy-to-prepare items (3-day supply for evacuation, 2-week supply for home)
- Flashlight
- Battery-powered or hand-crank radio (NOAA Weather Radio, if possible)
- Extra batteries
- First aid kit
- Medications (7-day supply) and medical items
- Multi-purpose tool
- Sanitation and personal hygiene items
- Copies of personal documents (medication list and pertinent medical information, proof of address, deed/lease to home, passports, birth certificates, insurance policies)
- Cell phone with chargers
- Family and emergency contact information
- Extra cash
- Emergency blanket
- Map(s) of the area

**Consider the needs of all family members and add supplies to your kit.** Suggested items to help meet additional needs are:

- Medical supplies (hearing aids with extra batteries, glasses, contact lenses, syringes, cane)
- Baby supplies (bottles, formula, baby food, diapers)
- Games and activities for children
- Pet supplies (collar, leash, ID, food, carrier, bowl)
- Two-way radios
- Extra set of car keys and house keys
- Manual can opener

**Additional supplies to keep at home or in your kit based on the types of disasters common to your area:**

- Whistle
- N95 or surgical masks
- Matches
- Rain gear
- Towels
- Work gloves
- Tools/supplies for securing your home
- Extra clothing, hat and sturdy shoes
- Plastic sheeting
- Duct tape
- Scissors
- Household liquid bleach
- Entertainment items
- Blankets or sleeping bags

### Make a plan



- Meet with your family or household members.
- Discuss how to prepare and respond to emergencies that are most likely to happen where you live, learn, work and play.
- Identify responsibilities for each member of your household and plan to work together as a team.
- If a family member is in the military, plan how you would respond if they were deployed.

#### Plan what to do in case you are separated during an emergency

- Choose two places to meet:
  - Right outside your home in case of a sudden emergency, such as a fire
  - Outside your neighborhood, in case you cannot return home or are asked to evacuate
- Choose an out-of-area emergency contact person. It may be easier to text or call long distance if local phone lines are overloaded or out of service. Everyone should have emergency contact information in writing or programmed into their cell phones.

#### Plan what to do if you have to evacuate

- Decide where you would go and what route you would take to get there. You may choose to go to a hotel/motel, stay with friends or relatives in a safe location or go to an evacuation shelter if necessary.
- Practice evacuating your home twice a year. Drive your planned evacuation route and plot alternate routes on your map in case roads are impassable.
- Plan ahead for your pets. Keep a phone list of pet-friendly hotels/motels and animal shelters that are along your evacuation routes.

### Be informed



**Learn what disasters or emergencies may occur in your area.** These events can range from those affecting only you and your family, like a home fire or medical emergency, to those affecting your entire community, like an earthquake or flood.

- Identify how local authorities will notify you during a disaster and how you will get information, whether through local radio, TV or NOAA Weather Radio stations or channels.
- Know the difference between different weather alerts such as watches and warnings and what actions to take in each.
- Know what actions to take to protect yourself during disasters that may occur in areas where you travel or have moved recently. For example, if you travel to a place where earthquakes are common and you are not familiar with them, make sure you know what to do to protect yourself should one occur.
- When a major disaster occurs, your community can change in an instant. Loved ones may be hurt and emergency response is likely to be delayed. Make sure that at least one member of your household is trained in first aid and CPR and knows how to use an automated external defibrillator (AED). This training is useful in many emergency situations.
- Share what you have learned with your family, household and neighbors and encourage them to be informed.

#### Emergency Contact Cards for All Household Members

Get your cards online at <http://www.redcross.org/prepare/ECCard.pdf>.

- Print one card for each family member.
- Write the contact information for each household member, such as work, school and cell phone numbers.
- Fold the card so it fits in your pocket, wallet or purse.
- Carry the card with you so it is available in the event of a disaster or other emergency.

### Let Your Family Know You're Safe

Tell your loved ones about the American Red Cross Safe and Well Web site available through [RedCross.org](http://RedCross.org). This Internet-based tool should be integrated into your emergency communications plan. People within a disaster-affected area can register themselves as "safe and well" and concerned family and friends who know the person's phone number or address can search for messages posted by those who self-register. If you don't have Internet access, call **1-866-GET-INFO** to register yourself and your family.