



## Patient Services and Rights and Responsibilities

### Patients have the right to:

1. Receive courteous, respectful, and professional care from Synergen Rx employees in accordance with physician's orders without discrimination.
2. Receive information about Synergen Rx's Specialty patient management program and to understand the scope of the services they will receive, the potential health benefits and limitations of the services, the patient's financial responsibility, and to understand the financial benefits to Synergen when referred to another organization.
3. Periodically review and revise the plan of care and services provided.
4. Have the privacy of their personal health information protected in accordance with state and federal law.
5. Receive a notice of privacy practices explaining Synergen Rx's policies and procedures regarding the disclosure of clinical records.
6. Speak with a health professional, understand the identity of the Synergen Rx staff member including their job title, and speak with their supervisor or a pharmacist if requested.
7. Be able to identify visiting personnel members through proper identification.
8. Access to a member of our staff as needed, including the ability to reach an on-call pharmacist for emergency situations after regular business hours by calling 404-585-7517.
9. Be free of mistreatment, neglect, or verbal, sexual, physical abuse, and theft of property.
10. Decline participation or disenroll from the Synergen Rx patient management program at any time by calling 404-585-7517 and informing a staff member that you choose to opt-out.
11. Refuse care or treatment after the consequences of refusing care or treatment are fully presented.
12. Report any suspected medication issues to a pharmacist by calling 404-585-7517
13. Request a refill or request for Synergen Rx to fill a prescription by calling 404-585-7517
14. Request an order status, obtain information on order delays of your prescription, or have a prescription transferred by calling 404-585-7517
15. Inquire about the network status of Synergen Rx regarding your insurance plan.
16. Inquire about the cash price of the medication by calling 404-585-7517
17. Be fully informed of your responsibilities as a patient.
18. Notify the pharmacy of any dissatisfaction, grievance, or complaint. If the complaint is not resolved to the patient's satisfaction in a timely manner, they may contact one of the following to have the complaint investigated.

#### **Georgia Board of Pharmacy**

2 Peachtree St NW, 6th Floor  
Atlanta, GA 30303  
P: 404-651-8000

#### **URAC**

1220 L Street NW, Ste 400  
Washington, DC 20005  
P: 202-216-9010

#### **ACHC**

139 Weston Oaks Ct  
Cary, NC 27513  
P: 855-937-2242



## **Patients/Caregivers have the responsibility to:**

1. Provide Synergen Rx accurate clinical and contact information for the patient management program.
2. Notify Synergen Rx of any changes in clinical or contact information for the patient management program.
3. Submit all forms necessary to receive services from Synergen Rx.
4. Notify the treating prescriber of their participation in Synergen Rx's patient management program.
5. Maintain any equipment provided, if applicable.
6. Notify Synergen Rx of any concerns about the care or services provided.

## **Synergen Rx Contact Information and Hours of Operation**

**3990 Flowers Rd, Ste 530, Doraville, GA 30360**

**Phone: 404.585.7517 Fax: 404.900.9209**

**Email: [Jonathan.Personius@synergenrx.com](mailto:Jonathan.Personius@synergenrx.com)**

**Open M-F 8:30a - 5:00p with an on-call pharmacist available 24/7**

**Website: [SynergenRx.com](http://SynergenRx.com)**



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## Synergen Rx Patient Instruction Sheet

The pharmacy can be reached by calling 404-585-7517. The pharmacy is open Monday-Friday from 8:30am to 5:00pm. An after-hours pharmacist can be reached by calling 404-585-7517 and following the prompts. A representative will be able to provide instructions on how to:

1. Pharmacy and Product information:
  - a. Fill a prescription, including refills
  - b. Obtain order status
  - c. Transfer your prescription
  - d. Provide updates on order delays
2. Financial Information:
  - a. Your out-of-pocket costs such as deductibles, co-pays, and co-insurance
  - b. Network status of the pharmacy
  - c. Cash price of the medication upon request
3. Report a Suspected Medication Issue:
  - a. Counterfeit Medication
  - b. Errors
  - c. Adverse Drug Events
4. Rights and Responsibilities Call the pharmacy at 404-585-7517 to discuss any questions about your rights and responsibilities while participating in the Patient Management Program. These items are included on the "Patient Services and Rights and Responsibilities" as part of the welcome packet provided by Synergen Rx and include:
  - a. The right to:
    - i. Have your personal health information shared with the Patient Management Program only in accordance with state and federal law.
    - ii. Identify the program's staff members including their job title, and to speak to their supervisor if requested.
    - iii. Speak to a healthcare professional, including a pharmacist, if requested.
    - iv. Receive information about the Patient Management Program.
    - v. Decline participation, or disenroll in the Patient Management Program by calling 404-585-7517 and asking to opt out.



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- vi. Understand how participating in the Patient Management Program benefits you through:
  - 1. Improved overall health
  - 2. Managing side effects
  - 3. Education regarding your condition and medication
  - 4. Coordination of care with your provider
  - 5. Better compliance with medication regimen
- vii. Understand that the benefit of the Patient Management Program is limited if you don't actively participate in your care plan including having conversations about challenges faced in meeting your treatment goals.



## SYNERGEN RX NOTICE OF PRIVACY PRACTICES

**EFFECTIVE DATE:** 11/25/2019

**IMPORTANT:** This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully. If you have any questions about this notice, please contact the Compliance Officer at 404-585-7517.

### WHAT IS PROTECTED HEALTH INFORMATION?

Protected health information is any individually identifiable information related to your past, present, or future health condition or treatment, including your demographic information and medical records.

### OUR OBLIGATIONS:

We are required by law to:

- Maintain the privacy of protected health information;
- Provide you this notice of our legal duties and privacy practices regarding your Protected Health Information;
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information;
- Follow the terms of this notice.

For more information see: <https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>

### HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION:

The following describes the ways we may use and disclose your Protected Health Information. Except for the purposes described below, we may only use and disclose your health information with your written permission. You may revoke such permission at any time by writing to our Compliance Officer. 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.

1. For Treatment We may use and disclose your health information for your treatment and to provide you with treatment-related healthcare services. For example, we may disclose your health information to doctors, nurses, technicians or other healthcare personnel, including people outside our office who are involved in your medical care and need the information to provide you with medical care.

2. For Payment We may use and disclose health information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may provide your health plan with information about you so that they will pay for your treatment.
3. For Healthcare Operations We may use and disclose your health information for health care operations purposes, which are necessary to make sure that all our patients receive quality care and to operate and manage our office. For example, we may use your health information to conduct internal audits or for quality improvement initiatives.
4. Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services We may use and disclose health information to contact you to remind you about appointments or prescription refills. We also may use and disclose your health information to discuss treatment alternatives or other health-related services that may be of interest to you.
5. Individuals Involved in Your Care or Payment for Your Care When appropriate we may share your health information with a person who is involved in your medical care or the payment for your care, such as a family member. We may also notify your family about your general condition or disclose such information to an entity assisting in a disaster relief effort.
6. Research Under certain circumstances, we may use and disclose health information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another for the same condition. Before we use or disclose health information for research, we will either remove data that personally identifies you, or we will go through a special approval process and established protocols to ensure the privacy of your information. In some circumstances, we may use your medical information to generate aggregate data (summarized data that does not identify you) to study outcomes, costs and provider profiles and to suggest benefit designs for your employer or health plan. These studies generate aggregate data that we may sell or disclose to other companies or organizations. Aggregate data does not personally identify you.
7. Business Associates We may arrange to provide some services through contracts with business associates. On occasion, we may disclose your medical information to business associates acting on our behalf. If any medical information is disclosed, we will protect your information from further use and disclosure using confidentiality agreements.
8. Abuse, Neglect or Domestic Violence We may disclose your medical information to a social service, protective agency or other government authority if we believe you are a victim of abuse, neglect or domestic violence. We will inform you of our disclosure unless informing you will place you at risk of serious harm.
9. Public Health We may disclose your medical information to a public health department, including the U.S. Food and Drug Administration, when required by law for the reporting or tracking of illnesses, injuries or dangerous preparations.
10. Health Oversight We may disclose medical information to a health oversight agency performing activities authorized by law, such as investigations and audits. These agencies include governmental agencies (state and federal) that oversee the healthcare system, government benefit programs and organizations subject to government regulation and civil rights laws.
11. To Avert Serious Threat to Health or Safety We may disclose your medical information to prevent or lessen an imminent threat to the health or safety of another person or the public. Such disclosure will only be made to someone in a position to prevent or lessen the threat.

12. Judicial Proceedings We may disclose your medical information in the course of any judicial proceeding in response to a court order, subpoena or other lawful process, but only after we have been assured that efforts have been made to notify you of the request.
13. Law Enforcement We may disclose your medical information, as required by law, in response to a subpoena, warrant, summons or, in some circumstances, to report crime.
14. Coroners and Medical Examiners We may disclose your medical information to a coroner or a medical examiner for the purpose of determining cause of death or other duties authorized by law.
15. Organ, Eye and Tissue Donation We may disclose your medical information to organizations involved in organ transplantation to facilitate donation and transplantation.
16. Workers Compensation We may disclose your medical information in order to comply with workers compensation laws and other similar programs.
17. Specialized Government Functions, Military and Veterans We may disclose your medical information to authorized federal officials to perform intelligence, counterintelligence, medical suitability determinations, Presidential protection activities and other national security activities authorized by law. If you are a member of the U.S. armed forces or of a foreign military force, we may disclose your medical information as required by military command authorities or law. If you are an inmate in a correctional institution or under the custody of a law enforcement official, we may disclose your medical information to those parties if disclosure is necessary for 1) the provision of your healthcare; 2) maintaining the health or safety of yourself or other inmates; or 3) ensuring the safety and security of the correctional institution or its agents.
18. As Otherwise Required by Law We will disclose medical information about you when required to do so by law. If federal, state or local law within your jurisdiction offers you additional protections against improper use or disclosure of medical information, we will follow such laws to the extent they apply.
19. Other Uses and Disclosures Other uses and disclosures of your medical information not listed in this notice will be made only with your written authorization. You may revoke this authorization at any time unless we have already taken action in reliance on the authorization.

### **Your Rights with Respect to Your Medical Information:**

You have the following rights regarding medical information we maintain about you:

1. Right to Inspect and Copy Subject to some restrictions, you may inspect and copy medical information that may be used to make decisions about you. To do so, submit a written request to Synergen at the address listed below.
2. Right to Amend If you believe medical information about you is incorrect or incomplete, you may ask us to amend the information. Such request must be made in writing and submitted to Synergen Rx at the address listed below. In addition, you must provide a reason supporting your request to amend.
3. Right to an Accounting of Disclosures You have the right to request an accounting of disclosures of your medical information. This accounting identifies the disclosures we have made of your medical information other than for treatment, payment or healthcare operations. You must submit your request in writing to Synergen Rx at the address listed below. The provision of an accounting of disclosures is subject to certain restrictions.

4. Right to be Notified You have the right to be notified following a breach of unsecured PHI if your PHI is affected. This notification will be made by mail unless we do not have a correct mailing address for you, then we may use our web site, media stories or ads to inform you.
5. Right to Request Restrictions You have the right to request a restriction or limitation on the medical information we use and disclose about you for treatment, payment or healthcare operations. You also may request that your medical information not be disclosed to family members or friends who may be involved in your care or paying for your care. Your request must 1) be in writing; 2) state the restrictions you are requesting; and 3) state to whom the restriction applies. We are not required to agree to your request. If we do agree, we will comply with your request unless the restricted information is needed to provide you with emergency treatment.
6. Right to Request Disclosures to your Insurance Plan You have the right to request that we do not disclose information to your insurance plan about services provided however you must pay for the services in full. If you do not pay for the services within 30 days of first statement date, the restriction is void and we may bill your insurance.
7. Confidential Communications You may ask that we communicate with you in a particular way and in a particular place to protect the confidentiality of your medical information. Your request must be submitted in writing to Synergen Rx at the address listed below and you must state an alternate method or location you would like us to use to communicate your medical information to you.
8. Right to a Paper Copy of This Notice You have the right to request a paper copy of this notice at any time. For information about how to obtain a copy of this notice and answers to frequently asked questions, please call (404) 585-7517. Even if we have agreed to provide this notice electronically, you are still entitled to a paper copy.
9. Right to File a Complaint If you believe we have violated your privacy rights you may file a written complaint to Synergen Rx at the address listed below. You may also file a complaint with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint. Written complaints and written requests for a copy of your medical information, amendment to your medical information, an accounting of disclosures, restrictions on your medical information or for confidential communications may be mailed to:

Synergen Rx, LLC  
3990 Flowers Rd, Suite 530  
Doraville, GA 30360

Please include your name, address. We reserve the right to revise this notice. A revised notice will be effective for information we already have about you as well as any information we may receive in the future.





3990 Flowers Rd, Ste 530, Doraville, GA 30360  
Phone: 404-585-7517 Fax: 404-900-9209

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT FORM

**Synergen Rx, LLC**

I am a patient at Synergen Rx. I hereby acknowledge receipt of Synergen Rx's Notice of Privacy Practices.

Printed Name:

Signature:

Date:

**OR**

I am a parent or legal guardian of:

Printed Name:

I hereby acknowledge receipt of Synergen Rx's Notice of Privacy Practices with respect to the patient.

Your Printed Name:

Relationship to Patient (please circle): Parent or Legal Guardian

Signature:

Date:

**Please mail back to: Synergen Rx, 3990 Flowers Rd, Ste 530, Doraville, GA 30360**



# HOW TO PROPERLY DISPOSE OF YOUR UNUSED MEDICINES

Unused or expired prescription medications are a public safety issue, leading to potential accidental poisoning, misuse, and overdose. Proper disposal of unused drugs saves lives and protects the environment.

## Drug Disposal Guidelines

If no disposal instructions are given on the prescription drug labeling and no prescription drug take-back program is available in your area, then follow these simple steps to throw the drugs in the household trash:

1. Remove the medicine from its original container and mix it with an undesirable substance, such as used coffee grounds or kitty litter.
2. Place the mixture in a sealable bag, empty bag, or other container to prevent medicine from leaking or breaking out of a garbage bag.

Visit the Drug Enforcement Administration's (DEA) website ([www.deatakeback.com](http://www.deatakeback.com)) or call (800) 882-9539 for more information and to find an authorized collection in your community. The site also provides valuable information about DEA's National Take-Back Initiative.



## Additional Tips

- Scratch out all identifying information on the prescription drug to make it unreadable. This will help to protect your identity and the privacy of your personal health information.
- You must not share your prescription drugs — they were prescribed to you.

## Can I Flush Medicine Down the Sink or Toilet?

If the abovementioned disposal options are not readily available, one option is to flush the medicines down the sink or toilet as soon as they are no longer needed. Some communities may prohibit this practice out of concern over the trace levels of drug residues found in rivers, lakes, and community drinking water supplies.

Do not flush medicines down the sink or toilet unless the prescription drug labeling or patient information that accompanied the medicine specifically instructs you to do so. Please also ensure you are compliant with your community's laws and regulations prior to taking such action.

Sources: Environmental Protection Agency, *How to Dispose of Medicines Properly*, 2011; Food and Drug Administration, *Disposal of Unused Medicines: What You Should Know*, 2017.

3/2018

## DO's and DON'Ts

Safe Disposal of Needles and Other Sharps Used At Home, At Work, or While Traveling

### Do

- Immediately place used needles and other sharps in a sharps disposal container to reduce the risk of needle-sticks, cuts, or punctures from loose sharps.
- Use an FDA-cleared sharps disposal container, if possible. If an FDA-cleared container isn't available, some organizations and community guidelines recommend using a heavy-duty plastic household container (i.e., laundry detergent container) as an alternative.
- Make sure that if a household disposal container is used, it has the basic features of a good disposal container. (See box at right for more info.)
- Be prepared — carry a portable sharps disposal container for travel.
- Follow your community guidelines for getting rid of your sharps disposal container.
- Call your local trash or public health department (listed in the county and city government section of your phone book) to find out about sharps disposal programs in your area.
- Ask your health care provider, veterinarian, local hospital or pharmacist
- o where and how you can obtain an FDA-cleared sharps disposal container.
- o if they can dispose of your used needles and other sharps, or
- o if they know of safe disposal programs near you.
- Keep all needles and other sharps and sharps disposal containers out of reach of children and pets.



### All sharps disposal containers should be:

- made of a heavy-duty plastic;
- able to close with a tight-fitting, puncture-proof lid, without sharps being able to come out;
- upright and stable during use;
- leak-resistant; and
- properly labeled.

### Don't

- Throw needles and other sharps into the trash.
- Flush needles and other sharps down the toilet.
- Put needles and other sharps in your recycling bin — they are not recyclable.
- Try to remove, bend, break, or recap needles used by another person. This can lead to accidental needle sticks, which may cause serious infections.
- Attempt to remove the needle without a needle clipper device because the needles could fall, fly off, or get lost and injure someone.

### Best Way to Get Rid of Used Needles and Other Sharps:

**Step 1:** Place all needles and other sharps in a sharps disposal container immediately after they have been used.

**Step 2:** Dispose of used sharps disposal containers according to your community guidelines.

For more information visit, [www.fda.gov/safesharpsdisposal](http://www.fda.gov/safesharpsdisposal).



Safe Disposal of Needles and Other Sharps  
[www.fda.gov/safesharpsdisposal](http://www.fda.gov/safesharpsdisposal)

## Resources

For more information on preventing prescription drug misuse, go to the following websites:

- [www.dea.gov](http://www.dea.gov)
- [www.getsmartaaboutdrugs.com](http://www.getsmartaaboutdrugs.com)
- [www.justthinktwice.com](http://www.justthinktwice.com)
- [www.campusdrugprevention.gov](http://www.campusdrugprevention.gov)

For more information on the safe disposal of pharmaceuticals, go to the following websites:

- *Environmental Protection Agency*
- [go.usa.gov/xNwXc](http://go.usa.gov/xNwXc)
- *Food and Drug Administration*
- [go.usa.gov/xNw9z](http://go.usa.gov/xNw9z)
- [go.usa.gov/xNw9S](http://go.usa.gov/xNw9S)

## Recommended Supplies to Include in a Basic Kit:

- Water** one gallon per person per day, for drinking and sanitation
- Food** at least a three-day supply of non-perishable food
- Battery-powered radio** and **extra batteries**
- Flashlight** and **extra batteries**
- First Aid kit**
- Whistle** to signal for help
- Filter mask** or cotton t-shirt, to help filter the air
- Moist towelettes** for sanitation
- Wrench or pliers** to turn off utilities
- Manual can opener** for food (if kit contains canned food)
- Plastic sheeting and duct tape** to shelter-in-place
- Garbage bags and plastic ties** for personal sanitation
- Unique family needs**, such as daily prescription medications, infant formula or diapers, and important family documents

This common sense framework is designed to launch a process of learning about citizen preparedness. For the most current information and recommendations, go online to <http://www.ready.gov>.

Distributed in partnership with:



# Prepare for Emergencies Now: Information to Get Ready.



**FEMA**

Federal Emergency Management Agency  
U.S. Department of Homeland Security  
Washington, D.C. 20472



**FEMA**

<http://www.ready.gov>

*FEMA R-3 / Catalog No. 09077-1*

# Preparing Makes Sense.

The likelihood that you and your family will survive a house fire depends as much on having a working smoke detector and an exit strategy, as on a well-trained fire department. The same is true for surviving a terrorist attack or other emergency. We must have the tools and plans in place to make it on our own, at least for a period of time, no matter where we are when disaster strikes. Just like having a working smoke detector, preparing for the unexpected makes sense.

**Get ready now.**

## 1 Get a Kit

of Emergency Supplies.

Be prepared to improvise and use what you have on hand to make it on your own for **at least three days**, maybe longer. While there are many things that might make you more comfortable, think first about fresh water, food and clean air.

**Consider two kits.** In one, put everything you will need to stay where you are and make it on your own. The other should be a lightweight, smaller version you can take with you if you have to get away.

You'll need a gallon of **water** per person per day for drinking and sanitation. Include in the kits a three day supply of non-perishable **foods** that are easy to store and prepare such as protein bars, dried fruit or canned foods. If you live in a cold weather climate, include **warm clothes** and a sleeping bag for each member of the family.

Some potential terrorist attacks could send tiny microscopic "junk" into the air. Many of these materials can only hurt you if they get into your body, so think about creating a barrier between yourself and any contamination. It's smart to have something for each member of the family that covers **their mouth and nose**, such as two to three layers of a cotton t-shirt, handkerchief or towel or **filter masks**, readily available in hardware stores. It is very important that the mask or other material fit your face snugly so that most of the air you breathe comes through the mask, not around it. Do whatever you can to make the best fit possible for children.

Also, include **duct tape and heavyweight garbage bags or plastic sheeting** that can be used to seal windows and doors if you need to create a barrier between yourself and any potential contamination outside.

## 2 Make a Plan

For What You Will Do in an Emergency.

Plan in advance what you will do in an emergency. Be prepared to assess the situation. Use common sense and whatever you have on hand to take care of yourself and your loved ones.

**Develop a Family Communications Plan.** Your family may not be together when disaster strikes, so plan how you will contact one another and review what you will do in different situations. **Consider a plan where each family member calls, or e-mails, the same friend or relative in the event of an emergency.** It may be easier to make a long-distance phone call than to call across town, so an **out-of-town contact** may be in a better position to communicate among separated family members. Be sure each person knows the phone number and has coins or a prepaid phone card to call the emergency contact. You may have trouble getting through, or the phone system may be down altogether, but be patient.

Depending on your circumstances and the nature of the attack, the first important decision is whether you stay put or get away. You should understand and plan for both possibilities. Use common sense and the information you are learning here to determine if there is immediate danger. **Watch television and listen to the radio for official instructions as they become available.**

**Create a Plan to Shelter-in-Place.** There are circumstances when staying put and creating a barrier between yourself and potentially contaminated air outside, a process known as sheltering-in-place and sealing the room can be a matter of survival. **If you see large amounts of debris in the air, or if local authorities say the air is badly contaminated, you may want to shelter-in-place and seal the room. Consider precutting plastic sheeting to seal windows, doors and air vents.** Each piece should be several inches larger than the space you want to cover so that you can duct tape it flat against the wall. Label each piece with the location of where it fits.

Use all available information to assess the situation. If you see large amounts of debris in the air, or if local authorities say the air is badly contaminated, you may want to shelter-in-place. Quickly bring your family and pets inside, lock doors, and close windows, air vents and fireplace dampers. Immediately turn off air conditioning, forced air heating systems, exhaust fans and clothes dryers. Take your emergency supplies and go into the room you have designated. Seal all windows, doors and vents. Understand that sealing the room is a temporary measure to create a barrier between you and contaminated air. Watch TV, listen to the radio or check the Internet for instructions.

**Create a Plan to Get Away.** Plan in advance how you will assemble your family and anticipate where you will go. **Choose several destinations in different directions** so you have

options in an emergency. If you have a car, keep at least a half tank of gas in it at all times. **Become familiar with alternate routes as well as other means of transportation** out of your area. If you do not have a car, plan how you will leave if you have to. **Take your emergency supply kit**, unless you have reason to believe it is contaminated and lock the door behind you. Take pets with you if you are told to evacuate, however, if you are going to a public shelter, keep in mind they may not be allowed inside. If you believe the air may be contaminated, drive with your windows and vents closed and keep the air conditioning and heater turned off. Listen to the radio for instructions.

**Know Emergency Plans at School and Work.** Think about the places where your family spends time: school, work and other places your family frequents. **Talk to your children's schools and your employer about emergency plans.** Find out how they will communicate with families during an emergency. If you are an employer, be sure you have an emergency preparedness plan. Review and practice it with your employees. A community working together during an emergency also makes sense. **Talk to your neighbors about how you can work together.**

## 3 Be Informed

About What Might Happen.

Some of the things you can do to prepare for the unexpected, such as assembling a supply kit and developing a family communications plan, are the same for both a natural or man-made emergency. However there are significant differences among potential terrorist threats, such as biological, chemical, explosive, nuclear and radiological, which will impact the decisions you make and the actions you take. By beginning a process of learning about these specific threats, you are **preparing yourself** to react in an emergency. Go to [www.ready.gov](http://www.ready.gov) to learn more about potential terrorist threats and other emergencies or call 1-800-BE-READY (1-800-237-3239) for a free brochure.

**Be prepared** to adapt this information to your personal circumstances and make every effort to follow instructions received from authorities on the scene. With these simple preparations, you can be ready for the unexpected.

**Get ready now.**

## 4 Get Involved

in Preparing Your Community.

After preparing yourself and your family for possible emergencies, take the next step and get involved in preparing your community. Join **Citizen Corps**, which actively involves citizens in making our communities and our nation safer, stronger and better prepared. We all have a role to play in keeping our hometowns secure from emergencies of all kinds. Citizen Corps works hard to help people prepare, train and volunteer in their communities. Go to [www.citizen corps.gov](http://www.citizen corps.gov) for more information and to get involved.

