

**Your rights regarding health information about you:**

Although your health record is the property of Bux Healthcare Inc. the information belongs to you. You have the following rights regarding your health information:

- **Right to Inspect and Copy:** With some exceptions: you have the right to review and copy your health information. You must submit your request in writing to Bux Healthcare Inc. Privacy Office. We may charge a fee for the costs of copying, mailing or other supplies associated with your request.

- **Right to Amend:** If you feel that health information in your record is incorrect or incomplete, you may ask us to amend the information.

You have this right for as long as the information is kept by or for Bux Healthcare Inc. You must submit your request in writing to Bux Healthcare Inc. Privacy Office. In addition, you must provide a reason for your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

-Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;

-Is not part of the health information kept by or for Bux Healthcare Inc.; or

-Is accurate and complete.

-**Right to request an “accounting of disclosures”:** This is a list of certain disclosures we made of your health information, other than those made for purposes such as treatment, payment, or health care operations. You must submit your request in writing to Bux Healthcare Inc. Privacy Office. Your request must state a time period, which may not be longer than six years from the date the request is submitted and may not include dates before January 1st, 2013. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a twelve-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you. For example, you may request that we limit the health information we disclose to someone who is involved in your care or the payment for your care. You could ask that we not use or disclose information about a prescription you had to a family member or friend.

- **Our Rights:** We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. You must submit your request in writing to Bux Healthcare Inc. Privacy Office. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Alternate Communications:** You have the right to request that we communicate with you about medical matters in a confidential manner or at a specific location. For example, you may ask that we only contact you via mail to a post office box. You must submit your request in writing to Bux Healthcare Inc. Privacy Office. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

- **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this Notice of Privacy Practices even if you have agreed to receive the Notice electronically. You may ask us to give you a copy of this Notice at any time.

- **To obtain a paper copy of this Notice, contact Bux Healthcare Inc. Privacy Office.**

**Changes to this Notice:**

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in Bux Healthcare Inc. and on the website. The Notice will specify the effective date on the first page, in the bottom right-hand corner. In addition, if material changes are made to this Notice, the Notice will contain an effective date for the revisions and copies can be obtained by contacting Bux Healthcare Inc. Privacy Office.

**Pharmacy Complaint Policy:**

Bux Healthcare Inc. would like to consistently ensure excellent customer service. In the event you are not satisfied, you can file a complaint. All complaints will be handled in a professional manner. All logged complaints will be investigated, acted upon, and responded to in writing within 5 business days after the receipt of the complaint. If there is no satisfactory resolution of the complaint, senior management will be notified progressively to assist. In addition, the pharmacy will assist the patient in contacting the appropriate state agency, including the State Board of Pharmacy if required.

**Bux Healthcare Inc.**

3644 Webber St.  
Sarasota, FL 34232  
941-921-6645

**National Association Board of Pharmacy (NABP)**

1600 Feehanville Drive  
Mount Prospect, IL 60056

Notice: You are required to keep the prescription label with your prescription.



**PHARMACY & PRESCRIPTION INFORMATION**



**1-941-921-6645**



**info@familypharmacy.org**



**familypharmacy.org**

**WART FORMULA**

## PRESCRIPTION INFORMATION

This treatment plan contains important information regarding the medication that was prescribed to you by your doctor. The following includes: ingredient information, side effects, dosing instructions, proper storage, and other information important for you to know before starting treatment.

**What are some things I need to know about this medication? This medication is a custom compounded formula recommended to you by your prescriber. This medication is customized to your condition and made in a compounding pharmacy.**

**How should I store this medication?**

If the product has arrived warm, wait 2 hours before using. Store this medication in a cool, dry environment, protected from light, at room temperature (68F-77F). Always make sure the container is tightly closed when not using the medication. Keep all medications in a safe place out of reach of pets and children.

**What is this medication used for?**

This medication may help treat warts in less time by using high quality concentrated ingredients in a deep penetrating base cream.

**Prescription formula ingredients most commonly used:**

- Cimetidine
- Fluorouracil (5-FU)
- Imiquimod
- Salicylic Acid

**\*\*Check your prescription bottle for specific ingredients used.**

**Ingredient Descriptions:**

Cimetidine is an H receptor antagonist that creates an alkaline environment for the wart and has immunomodulatory effects. Fluorouracil (5-FU) is a chemotherapy and antiviral agent that prevents cell replication and proliferation of the virus. Imiquimod works by helping the body's immune system fight viruses; it has also been approved to treat genital warts. Salicylic Acid is a keratolytic, or a peeling agent that causes the outer layer of the wart skin to shed.

**What is the best way to use this medication?**

Our wart compound should be applied directly onto the wart once daily or as directed by your healthcare provider. It is recommended that you wear glove and use a sterile applicator when applying this product. If you choose to cover the wart with a bandage, we highly recommend you apply vaseline or aquaphor on the healthy skin around the wart to prevent damage to the healthy skin.

**What should I tell my doctor before starting this medication? Tell your doctor of any medication or ingredient allergies or sensitivities that you may have. Tell your doctor if you are allergic to any of the drugs in this formulation, as well as related drugs. Tell your doctor if you are pregnant, trying to get pregnant, or breastfeeding.**

**Pregnancy & Breastfeeding:** This compound has not been evaluated for use during pregnancy. You should not breastfeed while using this medication since it contains topical fluorouracil. If you are pregnant, breastfeeding, or trying to become pregnant use this medication only at the discretion of your doctor.

**What is a compounded medication?**

**Pharmacy compounding is the art and science of preparing personalized medications for patients. Compounded medications are made based on a practitioners prescription in which high quality prescription ingredients are mixed together in the exact strength and dosage form required by the patient.**

**Allergies:**

Medications may cause an allergic reaction if you are allergic to the contained ingredients, or ones that are very similar. If you have an allergy to the contained chemicals listed or related chemicals, please reach out to us and contact your doctor. Get emergency medical help if you have signs of an allergic reaction such as: hives, difficult breathing, swelling of your face, lips, tongue, or throat.

**What are the possible side effects of this medication?**

**Itching, redness, scaling and dryness may occur. Stop using the formula and call your doctor at once if you have: severe irritation, severe blistering, oozing of treated area. If side effects are severe, stop medication and contact us and your doctor or seek emergency medical treatment.**

**How long until I may see an effect from this medication?**

**It may take 6-8 weeks to see maximum results. Compliance is key for optimal results.**

**Pharmacy Disclaimer:**

The drug and medical information provided, is not meant to cover all adverse effects, drug interactions, warnings, medical uses, directions and precautions. The information provided is a medical resource and the judgment of your physician and/or healthcare practitioner should not be substituted. Compound prescription products have not been tested or approved by the FDA for their intended use. No claims are made as to the safety, efficacy or use of this compound. Active ingredients used are FDA approved and follow strict United States Pharmacopeia (USP) guidelines when pursuant to a valid prescription. If you have questions or concerns about your medications, please do not hesitate to contact us and/or your medical practitioner, including your pharmacist.

**This prescription must be made fresh in the pharmacy laboratory. In order to achieve optimal results, do not use this medication past the discard date found on the label.**

## PHARMACY INFORMATION

**Offer to Counsel by a Pharmacist**

All patients have the right and opportunity to be counseled by a pharmacist. Please contact the pharmacy if you would like to speak with a pharmacist regarding your prescription medication. You may call the phone number located on your label or email info@familypharmacy.org

**Prescription Return Policy**

We are prevented by law from accepting returns for any prescription medication. Do not flush unused medications or pour down the sink or drain. If you need to dispose of any medications, please visit <http://disposemy meds.org/>.

**Adverse Effects**

If you experience an adverse event with your medication, please contact your healthcare provider or the pharmacy. Additionally, you can report adverse effects to the FDA at 1-800-FDA-1088.

**Notice of Privacy Practices**

**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.**

Bux Healthcare Inc. is committed to maintaining your privacy. Bux Healthcare Inc. is required by law to provide you with this Notice so that you will understand how we may use or share your "Protected Health Information" ("PHI") or simply "health information." PHI is information we obtain to provide services to you and that can identify you. PHI includes your name, medical conditions, health information and other information we use to provide your prescriptions. We are required to adhere to the terms outlined in this Notice. If you have any questions about this Notice, please contact Bux Healthcare Inc.

**How we may use and disclose protected health information about you:**

The following categories describe the ways that we use and disclose health information. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall into one of the categories.

- **For Treatment:** PHI obtained from Bux Healthcare Inc. will be used in order to dispense your prescription medications. We may disclose health information about you to doctors, nurses, other health care providers who are involved in your care.

- **For Payment:** We may use or disclose your PHI to your insurer, payor, or other agent in order to bill and collect payment for items or services we provided to you. For example, we may contact your insurance company, health plan, or another third party to obtain payment for services we provided to you. We may also contact you about a payment or balance due.

- **For Health Care Operations:** We may use and disclose health information about you for our day-to-day health care operations. For example, we may use your PHI to monitor the performance of the staff and pharmacists providing treatment and services to you. We may use your PHI to continually improve the quality and the effectiveness of the health care products and services that we provide to you. We may search various data providers and other healthcare providers in order to ensure we have accurate medical records as a means to ensure the highest quality care.

**Other allowable uses of your health information:**

- **Business Associates:** We may contract with third parties to perform certain services for us, but not limited to services 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.

- **Individuals Involved in Your Care or Payment for Your Care:** Unless you object, we may disclose health information about you to a friend or family member who is involved in your care. We may also give information to someone who helps pay for your care. Additionally, our pharmacists, using their professional judgment, may disclose PHI to other health care professionals or providers who are directly involved in your care and treatment.

- **Disclosures to Parents or Legal Guardians:** If you are a minor, we may release your PHI to your parents or legal guardians when we are permitted or required under federal and applicable state laws. In those cases, Bux Healthcare Inc. will follow state laws regarding disclosure of a minor's PHI.

- **As Required by Law:** We will disclose health information about you when required to do so by federal, state or local law.

- **To Avert a Serious Threat to Health or Safety:** We may use and disclose health information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person. We would do this only to help prevent the threat.

- **Organ and Tissue Donation:** Consistent with applicable law, we may disclose your PHI to organizations engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

- **Military and Veterans:** If you are a member of the armed forces, we may disclose health information about you as required by military authorities. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.

- **Disclosures to Parents or Legal Guardians:** If you are a minor, we may release your PHI to your parents or legal guardians when we are permitted or required under federal and applicable state laws. In those cases, Bux Healthcare Inc. will follow state laws regarding disclosure of a minor's PHI.

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- **Organ and Tissue Donation:** Consistent with applicable law, we may disclose your PHI to organizations engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

- **Military and Veterans:** If you are a member of the armed forces, we may disclose health information about you as required by military authorities. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.

- **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

- **Workers' Compensation:** We may disclose health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

- **Reporting:** Federal and State laws may require or permit Bux Healthcare Inc. to disclose certain health information related to the following:

- Prevention or control of disease, injury or disability;
- Reporting reactions to medications or problems with products adverse drug reactions;
- Notifying people of recalls of products;
- Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease.
- 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.

- **Health Oversight Activities:** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

- **Judicial and Administrative Proceedings:** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

- **Law Enforcement:** We may disclose health information when requested by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About you, the victim of a crime if, under certain limited circumstances, we are unable to obtain your agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at Bux Healthcare Inc. and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
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- About criminal conduct at Bux Healthcare Inc. and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

- **Coroners, Medical Examiners and Funeral Directors:** We may disclose medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also disclose medical information to funeral directors as necessary to carry out their duties.

- **National Security and Intelligence Activities:** We may disclose health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

- **Correctional Institution:** Should you be an inmate of a correctional institution; we may disclose to the institution or its agents health information necessary for your health and the health and safety of others.

- **Protective services for the President and others:** We may disclose your PHI to authorized federal officials so that they may provide protection to the President, other authorized persons, or foreign heads of state, or conduct special investigations.

**Other uses of health information:**

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.