

# Desecho seguro de medicamentos

¡Desechar de manera segura los medicamentos vencidos, no utilizados o innecesarios es importante para todos! Aquí hay algunas ideas sobre cómo asegurarse de que sus medicamentos se desechen de manera adecuada y rápida.

---

## La manera incorrecta de deshacerse de los medicamentos

- No tire los medicamentos por el inodoro o el desagüe sin consultar la Lista de eliminación de la FDA.
  - La lista de medicamentos que se pueden tirar por el inodoro se puede encontrar en [www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-fdas-flush-list-certain-medicines](http://www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-fdas-flush-list-certain-medicines)
- No tire los medicamentos a la basura sin seguir los pasos que se indican a continuación.
- Los medicamentos pueden contaminar el agua y/o dañar a las personas y los animales si se desechan incorrectamente.

## La manera correcta de deshacerse de los medicamentos

- El método preferido de eliminación es usar un lugar de entrega en la comunidad, como una farmacia participante o con la policía local, donde puede llevar medicamentos de forma gratuita.
  - Puede buscar ubicaciones cerca de usted en el sitio web de la DEA en [www.apps2.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e2s1](http://www.apps2.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e2s1) o usar el recurso [www.disposemy meds.org/medicine-disposal-locator/](http://www.disposemy meds.org/medicine-disposal-locator/)
- La DEA tiene recursos como un centro de llamadas al que se puede llamar al 800-882-9539 o en línea en [www.deatakeback.com](http://www.deatakeback.com)
  - Puede encontrar opciones para enviar los medicamentos por correo a lugares autorizados o detalles sobre el Día Nacional de Devolución de Medicamentos Recetados que se celebra anualmente.
- Dos sitios comunitarios en su área incluyen:
  - 
  -
- Puede desechar los medicamentos en la basura de su hogar siguiendo los pasos a continuación:
  - Retire cualquier información personal de los frascos de medicamentos recetados y saque los medicamentos de sus envases originales.
  - Coloque los medicamentos dentro de un recipiente desechable, como una bolsa de plástico.
  - Mezcle una sustancia indeseable como posos de café, suciedad o arena para gatos en el contenedor y tírelo a la basura.
- Para obtener más información sobre la eliminación de medicamentos, visite el sitio web de la FDA en [www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html](http://www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html)

---

El desecho seguro de medicamentos es importante para todo tipo de medicamentos, incluidos los medicamentos recetados controlados y no controlados, los medicamentos de venta libre y los suplementos. Asegúrese de desechar los medicamentos innecesarios lo antes posible. Es una buena idea revisar sus medicamentos varias veces al año para ayudar a mantenerlo a usted y a su familia seguros.

¡Gracias por participar en el desecho seguro de medicamentos!

MSHO de UCare es un plan de salud que tiene contrato tanto con Medicare como con el programa Medical Assistance (Medicaid) de Minnesota para proporcionarles beneficios de ambos programas a sus afiliados. La inscripción en MSHO de UCare depende de la renovación del contrato.

**Toll free 1-800-203-7225, TTY 1-800-688-2534**

Attention. If you need free help interpreting this document, call the above number.

ያስተውሉ፡ ካለምንም ክፍያ ይህንን ዶክመንት የሚተረጎምሎ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ပတ်သည့်ပတ်သားဘဉ်တကွ်. ဖဲနမ့ၢ်လိၣ်ဘဉ်တၢ်မၤစၢၤကလီၤလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်,ကိးဘဉ် လိတဲစီနီၢ်ဂံၢ်လၢထးအံၤန့ၣ်တကွ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງ ໂທໂປຣໂປຣໂພາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la' aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

## Civil Rights Notice

**Discrimination is against the law. UCare** does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You can file a complaint and ask for help filing a complaint in person or by mail, phone, fax, or email at:

UCare

Attn: Appeals and Grievances

PO Box 52

Minneapolis, MN 55440-0052

Toll Free: 1-800-203-7225

TTY: 1-800-688-2534

Fax: 612-884-2021

Email: [cag@ucare.org](mailto:cag@ucare.org)

**Auxiliary Aids and Services:** UCare provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. **Contact** UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

**Language Assistance Services:** UCare provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact** UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

## Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You may also contact any of the following agencies directly to file a discrimination complaint.

### U.S. Department of Health and Human Services Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion (in some cases)

Contact the OCR directly to file a complaint:

Office for Civil Rights  
U.S. Department of Health and Human Services  
Midwest Region  
233 N. Michigan Avenue, Suite 240  
Chicago, IL 60601  
Customer Response Center: Toll-free: 800-368-1019  
TDD Toll-free: 800-537-7697  
Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

### **Minnesota Department of Human Rights (MDHR)**

In Minnesota, you have the right to file a complaint with the MDHR if you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights  
540 Fairview Avenue North, Suite 201  
St. Paul, MN 55104  
651-539-1100 (voice)  
800-657-3704 (toll-free)  
711 or 800-627-3529 (MN Relay)  
651-296-9042 (fax)  
[Info.MDHR@state.mn.us](mailto:Info.MDHR@state.mn.us) (email)

### **Minnesota Department of Human Services (DHS)**

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- religion (in some cases)
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. We will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator  
Minnesota Department of Human Services  
Equal Opportunity and Access Division  
P.O. Box 64997  
St. Paul, MN 55164-0997  
651-431-3040 (voice) or use your preferred relay service