

This notice describes how medical information about you may be used and disclosed, in certain instances such as to comply with the law. It will tell you how you can get access to this information. **Please review it carefully.**

Your Information. Your Rights. Our Responsibilities.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➤ See page 2 for more information on these rights and how to exercise them

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

➤ See page 3 for more information on these choices and how to exercise them

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director

- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

continued on next page

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.
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Our Responsibilities

- We are required by law to maintain the privacy and security of 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.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html**.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Other Important Information

The Privacy Officer for Allen County Public Health is Debra Hattery-Roberts BSN RN.

If you feel that your rights have been violated, please contact:

Kathy Luhn, Health Commissioner

Email: kluhn@allenhealthdept.org

Phone Number: 419228-4457, extension 136.

Contact Us Link: <https://www.allencountypublichealth.org/contact-us/>

Get help in other languages: <https://www.hhs.gov/ocr/get-help-in-other-languages/index.html>

Allen County Public Health never markets or sells personal information.

This notice applies to the Allen County Public Health Department, as well as all associated clinics and programs operated under the direction of the Allen County Public Health Department.

Effective: 11/1/2013

Updated: 06/7/2019

Civil Rights Information - Spanish

Hojas de datos - sobre las leyes en contra de la discriminación - Spanish - Fact Sheets - about laws against discrimination

Si usted considera que ha sido discriminado debido a su raza, color, origen nacional, discapacidad, edad o, en algunos casos, sexo o religión, por alguna persona u organización que recibe financiamiento del Departamento de Servicios Salud y Humanos de EE.UU. (DHHS), puede presentar una queja a la Oficina de Derechos Civiles del DHHS (OCR).

Estas hojas de datos describen sus derechos civiles bajo las leyes que rigen OCR. También explican cómo presentar una queja.

Si necesita ayuda para presentar una queja, por favor llámenos al 1-800-368-1019. Si necesita un intérprete, le proporcionaremos uno.

OCR ha traducido las siguientes hojas de datos a diversos idiomas. Si necesita más información traducida de este sitio web, por favor llámenos al 1-800-368-1019.

- [Cómo presentar una queja de discriminación a la Oficina de Derechos Civiles - PDF](#) (How to file a Discrimination Complaint with the Office for Civil Rights)
- [Formulario de quejas de discriminación - PDF](#) (OCR Civil Rights Complaint Form)
- [Conozca sus derechos civiles - PDF](#) (Know your Civil Rights)
- [Protegiendo sus derechos civiles en los servicios sociales y de atención médica y su información de salud Derechos de privacidad - PDF](#) (Protecting Your Civil Rights in Health Care and Social Services and Your Health Information Privacy Rights)
- [Conozca Sus Derechos - Persona con Conocimientos Limitados del Inglés - PDF](#) (Know Your Rights LEP Brochure)
- [Sus derechos de acuerdo con el Título VI de la Ley de Derechos Civiles de 1964 - PDF](#) (Your Rights under Title VI of the Civil Rights Act of 1964)
- [Sus derechos de acuerdo con la Sección 504 de la Ley de Rehabilitación - PDF](#) (Your Rights under Section 504 of the Rehabilitation Act)
- [Sus derechos de acuerdo con la Ley de Estadounidenses con Discapacidades - PDF](#) (Your Rights under the Americans with Disabilities Act)
- [Sus derechos de acuerdo con la Sección 504 y la Ley de Estadounidenses con Discapacidades - PDF](#) (Your Rights under Section 504 and the Americans with Disabilities Act)
- [Sus derechos de acuerdo con la Ley de Aseguramiento de Servicios Comunitarios de Hill-Burton - PDF](#) (Your Rights under the Community Service Assurance of the Hill-Burton Act)
- [Sus derechos como persona con una infección de VIH, SIDA o estados relacionados - PDF](#) (Your Rights as a Person with HIV Infection, AIDS, or Related Conditions)
- [Sus derechos de acuerdo con la Ley de Discriminación por Edad - PDF](#) (Your Rights under the Age Discrimination Act)

Content created by Office for Civil Rights (OCR)
Content last reviewed on June 16, 2017

Oficina de Derechos Civiles

Hojas de datos

Spanish - Fact Sheets & Brochures - Health Information Privacy

Si necesita ayuda para presentar una queja, por favor llámenos al 1-800-368-1019. Si necesita un intérprete, le proporcionaremos uno.

OCR ha traducido las siguientes hojas de datos a diversos idiomas. Si necesita más información traducida de este sitio web, por favor llámenos al 1-800-368-1019.

- [Compartir la información médica con familiares y amigos - PDF](#) (Sharing Health Information with Family Members and Friends)
- [EN QUÉ CONSISTE EL AVISO EXIGIDOPOR LA LEY HIPAA DE PRÁCTICAS DE CONFIDENCIALIDAD - PDF](#) (Understanding the HIPAA Notice)
- [Derechos sobre la confidencialidad de la información sobre su salud - PDF](#) (Your Health Information Privacy Rights)
- [Confidencialidad, seguridad y registros medicos electrónicos - PDF](#) (Privacy, Security, and Electronic Health Records)
- [Cómo presentar una queja por violación a la Privacidad de Información Médica ante la Oficina para los Derechos Civiles - PDF](#) (How to file a Health Information Privacy Complaint with the Office for Civil Rights)
- [QUEJA POR VIOLACIÓN A LA PRIVACIDAD DE LA INFORMACIÓN MÉDICA - PDF](#) (Health Information Privacy Complaint Form)

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Civil Rights Information - Chinese

Having trouble viewing the site? You may need to install a language support pack to view this Web page. Please check with your Administrator.

民權.公室

事實紙頁- 關於反.視的法律

如果您認為接受美國健康與人類服務部（DHHS）資助的個人或組織基於種族、膚色、原國籍、殘障、年齡、或在某些情況下基於性別或宗教信仰對您有歧視行為，您可以向 DHHS 民權辦公室（OCR）提出申訴。

本簡明資訊向您說明根據 OCR 執行的法律您享有的民權。同時也告訴您如何提出申訴。

如果您在提出申訴時需要幫助，請給我們打電話，電話號碼：1-800-368-1019。如果您需要翻譯，我們會向您提供。

OCR 已將下列簡明資訊翻譯成各種語言。如果您需要翻譯本網站中的其他資訊，請給我們打電話，電話號碼：1-800-368-1019。

- [如何向民權辦事處提交歧視投訴 - PDF](#) (How to file a Discrimination Complaint with the Office for Civil Rights)
- [健康與人員服務部 民權辦事處 \(OCR\) 歧視投訴表 - PDF](#) (OCR Civil Rights Complaint Form)
- [了解你所享有的民權 - PDF](#) (Know your Civil Rights)
- [根據 1964 年民權法第四節你所享有的權利 - PDF](#) (Your Rights under Title VI of the Civil Rights Act of 1964)
- [根據恢復法第 504 部分你所享有的權利 - PDF](#) (Your Rights under Section 504 of the Rehabilitation Act)
- [根據美國人殘疾法你所享有的權利 - PDF](#) (Your Rights under the Americans with Disabilities Act)
- [根據美國人殘疾法底 504 部分你所享有的權利 - PDF](#) (Your Rights under Section 504 and the Americans with Disabilities Act)
- [根據希爾-伯頓社區服務保證法你所享有的權利 - PDF](#) (Your Rights under the Community Service Assurance of the Hill-Burton Act)
- [HIV 感染者或愛滋病人所應享有的權利 - PDF](#) (Your Rights as a Person with HIV Infection or AIDS)
- [根據年齡歧視法你所享有的權利 - PDF](#) (Your Rights under the Age Discrimination Act)
- [Limited English Proficiency - PDF](#) (LEP) Know Your Rights Brochure

Content created by Office for Civil Rights (OCR)

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民權辦公室

事實紙頁 - 關於反歧視的法律

Chinese - Fact Sheets & Brochures - Health Information Privacy

如果您認為接受美國健康與人類服務部（DHHS）資助的個人或組織基於種族、膚色、原國籍、殘障、年齡、或在某些情況下基於性別或宗教信仰對您有歧視行為，您可以向 DHHS 民權辦公室（OCR）提出申訴。

本簡明資訊向您說明根據 OCR 執行的法律您享有的民權。同時也告訴您如何提出申訴。

如果您在提出申訴時需要幫助，請給我們打電話，電話號碼：1-800-368-1019。如果您需要翻譯，我們會向您提供。

OCR 已將下列簡明資訊翻譯成各種語言。如果您需要翻譯本網站中的其他資訊，請給我們打電話，電話號碼：1-800-368-1019。

- [與家庭成員及朋友分享健康資訊 - PDF](#) (Sharing Health Information with Family Members and Friends)
- [理解 HIPAA 通知 - PDF](#) (Understanding the HIPAA Notice)
- [您的健康資訊隱私權 - PDF](#) (Your Health Information Privacy Rights)
- [隱私、安全及電子健康記錄 - PDF](#) (Privacy, Security, and Electronic Health Records)
- [如何向民權辦事處提交健康資訊隱私侵權投訴 - PDF](#) (How to file a Health Information Privacy Complaint with the Office for Civil Rights)
- [健康資訊隱私投訴表 - PDF](#) (Health Information Privacy Complaint Form)

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民权办公室

事实说明 — 关于反歧视的法律

Simplified Chinese - Fact Sheets & Brochures - Health Information Privacy

如果您认为由美国卫生和人类服务部 (DHHS) 资助的任何个人或组织，基于种族、肤色、国籍、残疾、年龄、或在某些情况下基于性别或宗教的原因而歧视您，您可以向 DHHS 民权办公室 (OCR) 投诉。

本简短信息向您说明了根据由 OCR 实施的法律您有权享有的民事权利。

如果您需要帮助提出申诉，请拨打我们的电话，电话号码是：1 -800-368-1019。如果您需要翻译，我们将为您提供。

OCR 以将如下简短信息翻译成多种语言。如果您需要翻译本网站上的其它信息，请拨打我们的电话，电话号码是：1 -800-368-1019。

- [与家人和朋友共享健康信息 - PDF](#) (Sharing Health Information with Family Members and Friends)
- [理解 HIPAA 通知 - PDF](#) (Understanding the HIPAA Notice)
- [您的健康信息隐私权 - PDF](#) (Your Health Information Privacy Rights)
- [您的健康信息隐私权 - PDF](#) (Privacy, Security, and Electronic Health Records)

Content created by Office for Civil Rights (OCR)
Content last reviewed on June 16, 2017

Civil Rights Information - Vietnamese

T Thông Tin - v các điều luật chống phân biệt đối xử – Vietnamese - Fact Sheets – about laws against discrimination

Nu quý v tin rng quý v đã b k th da trên chng tc, màu da, quc gia noi xut thân, tình trng tàn tt, tui, hoc trong mt s trung hp b k th da trên phái tính hoc tôn giáo - bi mt cá nhân hoc t chc đuc B Y t và Dch v Nhân s Hoa K (DHHS) đài th, quý v có th gi khiu ni cho Văn phòng Dân quyền (Office of Civil Rights – OCR) ca DHHS.

Nhng t thông tin này trình bày v dân quyền ca quý v theo qui đnh ca các điều luật đuc OCR thi hành
Nhng t thông tin này cng hung dn quý v cách thc gi đon khiu ni

Nu quý v cn giúp đ gi đon khiu ni, xin gi cho chúng tôi ti s 1-800-368-1019 Chúng tôi s cung cp thông dch viên nu quý v cn.

OCR đã chuyrn ng các T Thông Tin sau đây sang nhieu ngôn ng Nu quý v mun có bn dch ca bt k d kin nào trên trang mng lui đin toán này, xin gi cho chúng tôi ti s 1-800-368-1019.

[Cách thc Gi Khiu ni phân biệt đối xử vi Văn phòng Dân quyền - PDF](#) (How to file a Discrimination Complaint with the Office for Civil Rights)

[Biết các Dân quyền ca Quý v \(PDF\) - PDF](#) (Know your Civil Rights)

[Các quyền ca quý v theo Tiêu đ VI ca Đo luật Dân quyền năm 1964 \(PDF\) - PDF](#) (Your Rights under Title VI)

[Các quyền ca quý v theo Mc 504 Đo luật Ci cách \(PDF\) - PDF](#) (Your Rights under Section 504 of the Rehabilitation Act)

[Các quyền ca quý v theo Đo luật Ngui M t - PDFàn tt \(PDF\) - PDF](#) (Your Rights under the Americans with Disabilities Act)

[Các quyền ca quý v theo Mc 504 v Đo luật Ngui M t - PDFàn tt \(PDF\) - PDF](#) (Your Rights under Section 504 and the Americans with Disabilities Act)

[Các quyền ca quý v theo điều khon Bo đm Dch v Cng đng ca Đo luật Hill-Burton \(PDF\) - PDF](#) (Your Rights under the Community Service Assurance of the Hill-Burton Act)

[Các quyền ca quý v vi tu cách l - PDFà Ngui b Nhim HIV, AIDS, hoc các Bnh liên quan \(PDF\) - PDF](#) (Your Rights as a Person with HIV Infection, AIDS, or Related Conditions)

[Các quyền ca quý v theo Đo luật cm Phân biệt đối xử vì Tui tác \(PDF - PDF\)](#) (Your Rights under the Age Discrimination Act)

[Limited English Proficiency \(PDF\) - PDF](#) (LEP) Know Your Rights Brochure

Content created by Office for Civil Rights (OCR)
Content last reviewed on June 16, 2017

Văn phòng Dân Quyền

T Thông Tin - v các điều luật chng phân biệt đối xử –

Vietnamese - Fact Sheets & Brochures - Health Information Privacy

Nu quý v tin rng quý v đã b k th da trên chng tc, màu da, quc gia nơi xut thân, tình trng tàn tt, tui, hoc trong mt s trung hp b k th da trên phái tính hoc tôn giáo - bị mt cá nhân hoc t chc đuc B Y t và Dch v Nhân s Hoa K (DHHS) đòi th, quý v có th gi khiu ni cho Văn phòng Dân quyền (Office of Civil Rights – OCR) ca DHHS.

Nhng t thông tin này trình bày v dân quyền ca quý v theo qui đnh ca các điều luật đuc OCR thi hành
Nhng t thông tin này cng hung dn quý v cách thc gi đon khiu ni

Nu quý v cn giúp đ gi đon khiu ni, xin gi cho chúng tôi ti s 1-800-368-1019 Chúng tôi s cung cp thông dch viên nu quý v cn.

OCR đã chuyrn ng các T Thông Tin sau đây sang nhiu ngôn ng Nu quý v mun có bn dch ca bt k d kin nào trên trang mng lui đin toán này, xin gi cho chúng tôi ti s 1-800-368-1019.

- Chia sẻ Thông tin Sức khỏe với các Thành viên trong Gia đình và Bạn bè (Sharing Health Information with Family Members and Friends)
- [Hiểu Thông báo HIPAA - PDF](#) (Understanding the HIPAA Notice)
- [Quyền Bảo mật Thông tin Sức khỏe của Quý vị - PDF](#) (Your Health Information Privacy Rights)
- [Quyền Riêng tư, An ninh, và Hồ sơ Y tế Điện tử - PDF](#) (Privacy, Security, and Electronic Health Records)
- [CÁCH NOẶP NỘN KHIEÁU NÃI VEÀ TÍNH RIEÂNG TỔ CUÙA ĐỒI KIEÃN SÒUC KHOÙE CHO VAËN PHOØNG DAÂN QUYÈAN\) - PDF](#) (How to file a Health Information Privacy Complaint with the Office for Civil Rights)
- [KHIEÁU NÃI VEÀ VI PHÃI M QUYÈAN NÖÖIC GIÖÖ KÍN ÑÀUO VEÀ ĐỒI KIEÃN SÒUC KHOÙE\) - PDF](#) (Health Information Privacy Complaint Form)

Content created by Office for Civil Rights (OCR)
Content last reviewed on June 16, 2017

Get Help in Other Languages

If you need help or speak a non-English language, call 1-800-368-1019 (TTY: 1-800-537-7697), and you will be connected to an interpreter who will assist you at no cost.

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1 (800) 368-1019 (TTY: 1 (800) 537-7697).

- [Hojas de datos - sobre las leyes en contra de la discriminación](#)
- [Derechos sobre la confidencialidad de la información sobre su salud](#)

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1 (800) 368-1019 (TTY 文字電話：1 (800) 537-7697)。

- [事實紙頁- 關於反.視的法律](#)
- [您的健康資訊隱私權](#)
- [您的健康信息隐私权](#)

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1 (800) 368-1019 (TTY: 1 (800) 537-7697).

- [T Thông Tin - v các điều luật chng phân biệt ối x](#)
- [Quyền Bảo mật Thông tin Sức khỏe của Quý vị](#)

한국어(Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1 (800) 368-1019 번 (TTY: 1 (800) 537-7697 번)으로 전화하십시오.

- [정보 안내서 -- 차별 금지법에 관한 정보](#)
- [개인의 의료 정보 보호 권리](#)



Tagalog (Tagalog)

PAUNAWA: Kung nagsasalita ka ng Tagalog, may mga libreng serbisyo para sa tulong sa wika na maaari mong gamitin. Tumawag sa 1 (800) 368-1019 (TTY: 1 (800) 537-7697).

- [Paunawa - tungkol sa mga batas laban sa diskriminasyon](#)
- [ANG IYONG MGA KARAPATAN SA PAGKAPRIBADO NG IMPORMASYONG PANGKALUSUGAN](#)

Русский (Russian)

ВНИМАНИЕ! Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните по номеру 1 (800) 368-1019 (телетайп: 1 (800) 537-7697).

- [Информационные листки о законах, запрещающих дискриминацию](#)
- [ВАШИ ПРАВА НА ЗАЩИТУ КОНФИДЕНЦИАЛЬНОСТИ МЕДИЦИНСКОЙ ИНФОРМАЦИИ](#)

العربية (Arabic)

ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل على الرقم 1 (800) 368-1019 (هاتف الصم واليكم: 1 (800) 537-7697)

Kreyòl Ayisyen (French Creole)

ATANSYON Si w pale Kreyòl, gen sèvis èd pou lang gratis ki disponib pou ou. Rele 1 (800) 368-1019 (TTY: 1 (800) 537-7697).

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1 (800) 368-1019 (ATS : 1 (800) 537-7697).

Português (Portuguese)

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1 (800) 368-1019 (TTY: 1 (800) 537-7697).



Polski (Polish)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Dzwon pod numer 1 (800) 368-1019 (TTY: 1 (800) 537-7697).

- [Strony informacyjne na temat ustaw o przeciwdziałaniu dyskryminacji](#)
- [PRAWA DO OCHRONY PRYWATNOŚCI DANYCH ZDROWOTNYCH](#)

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。Call 1 (800) 368-1019 (TTY: 1 (800) 537-7697).

Italiano (Italian)

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1 (800) 368-1019 (TTY: 1 (800) 537-7697).

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie uns an unter 1 (800) 368-1019 (TTY: 1 (800) 537-7697).

Persian (Farsi)

شما می اگر به زبان فارسی صحبت می کنید، خدمات یاری رسانی زبانی، بطور رایگان، در دسترس توجه
تماس بگیرید (1 (800) 537-7697)، با شماره 1 (800) 368-1019. باشد.

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