

# Important Disclosure Information and Notice of Privacy Practices

We appreciate the trust you have placed in us by selecting a health plan offered through Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc.

State and federal agencies regulate health plan carriers. This document contains or references other sources of information that we are required to provide to you upon your enrollment into a health plan or upon your request. If you have any questions about this information, please call Member Services toll-free at **1-888-901-4636**.

## Health plan benefit information

RCW.48.43.510 and WAC 284-43-5130

Upon request, Kaiser Permanente will provide you with the following information:

- A list of covered benefits including prescription drug benefits, if any; exclusions, reductions, and limitations to covered benefits and any definition of medical necessity on which they may be based.
- Information on how members may be involved in decisions about benefits.
- A list of coverage policies for pharmacy benefits, including how drugs are added or removed from the drug formulary.
- Information on policies for protecting the confidentiality of health information.
- Information on premiums and enrollee cost-sharing requirements.
- A summary explanation of the complaints and appeals processes.
- Point-of-service plan availability and how the plan operates.
- A copy of the plan's current drug formulary for prescription drug coverage.
- A listing of participating primary care and specialty care providers, including network arrangements that restrict access to providers within the plan network.

- A listing of all available disclosure items, in addition to the above, as required by law.

## Women's health and cancer rights

If you are receiving benefits for a covered mastectomy and elect breast reconstruction in connection with the mastectomy, you will also receive coverage for:

- All stages of reconstruction of the breast on which the mastectomy has been performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses.
- Treatment of physical complications of all stages of mastectomy, including lymphedemas.

This coverage will be provided in consultation with you and your attending physician and will be subject to the same cost share (annual deductible, coinsurance, and copayment) provisions otherwise applicable under the plan.

## Pharmacy benefit information

WAC 284-43-5040, WAC 284-43-5110, and WAC 284-43-5170

The following information applies only to health plans that have pharmacy benefits. This information is detailed in your plan's benefits booklet.

## Your right to safe and effective pharmacy services

State and federal laws establish standards to assure safe and effective pharmacy services, and to guarantee your right to know what drugs are covered under this plan and what coverage limitations are in your contract. If you would like more information about the drug coverage policies under your plan, or if you have a question or a concern about your pharmacy benefit, please contact Member Services.

If you would like to know more about your rights under the law, or if you think anything you received from your plan may not conform to the terms of your contract, you may contact the Washington State Office of the Insurance Commissioner toll-free at 1-800-562-6900. If you have a concern about the pharmacists or pharmacies serving you, please call the Washington State Department of Health toll-free at 1-800-525-0127.

**Does this plan limit or exclude certain drugs my health care provider may prescribe, or encourage substitutions for some drugs?**

Kaiser Permanente, working with pharmacists and physicians, has developed a drug formulary. A drug formulary is a list of preferred pharmaceutical products, supplies, and devices. Nonformulary drugs are not covered unless approved by your health plan as medically necessary or may be subject to a higher cost than formulary drugs, depending on the benefits of your specific plan.

Generic drugs will be dispensed unless a suitable generic is not available. If you elect to purchase a brand-name drug instead of the generic equivalent (if available), and it is not medically necessary, you will be responsible for payment of the additional cost above the generic drug charge in addition to your plan pharmacy cost share.

Over-the-counter drugs, supplies and devices not requiring a prescription under state law or regulations, drugs and injections for anticipated illness while traveling, drugs and injections for cosmetic purposes, and vitamins—including most prescription vitamins—are generally excluded from all plans. Exclusion of other categories of drugs will depend on your specific coverage plan. For example, drugs for treatment of sexual dysfunction are not covered unless your health plan covers treatment of sexual dysfunction. Contact Member Services to request a copy of the drug formulary for your specific plan. The drug formulary is also available at [kp.org/wa](http://kp.org/wa).

**When can my plan change the approved drug list (formulary)? If a change occurs, will I have to pay more to use a drug I had been using?**

Changes to the plan's drug formulary are implemented on an ongoing basis, based on an established evaluation process. The evaluation process includes review of scientific studies. The scientific studies reviewed must have

been published in health care journals or other publications in which original manuscripts are published only after having been critically reviewed for scientific accuracy, validity, and reliability by unbiased independent experts.

Your care provider or pharmacist will notify you when you refill a prescription if the prescribed drug is no longer included in the plan's drug formulary. When a drug has been removed from the plan formulary, it will not be covered unless your plan, at its discretion, elects to cover the drug for a limited time, or the drug may be subject to a higher cost depending on the benefits of your specific plan.

**What should I do if I want a change from limitations, exclusions, substitutions, or cost increases for drugs specified in this plan?**

- **Benefit changes**—Customization of your drug benefit occurs only through the contract process. Employer groups may choose to purchase higher or lower drug benefits each year when they renew their group contract. Individual and family contract benefits are renewed each year.
- **Formulary substitution**—Although individuals are not allowed to customize any plan drug formularies, health care providers can prescribe nonformulary medications for patients through a pharmacy exception process. The plan health care provider, in coordination with the plan pharmacy, will determine the medical appropriateness of substitutions. If a medical exception (substitution) is not approved, the patient is responsible for the full charge for the drug. Nonformulary drugs may be subject to a higher cost.

**How much do I have to pay to get a prescription filled?**

The amount of your out-of-pocket expense (cost share) depends on the specific pharmacy coverage you or your employer has purchased and on the medication prescribed. In general, the prescription copay or coinsurance amount applies for up to a 30-day supply of each covered prescription. If the actual charge for the drug is less than your cost share, you will pay only the actual charge for the drug. If your provider prescribes a noncovered medication, you will pay the actual charge for the drug.

If you have pharmacy coverage with a tiered cost share benefit, you will pay a lower cost share for generic drugs, and higher cost share for brand-name drugs. In addition, nonformulary drugs may be subject to a higher cost share.

**Do I have to use certain pharmacies to pay the least out of my own pocket under this health plan?**

Yes, you need to have your prescriptions filled at a Kaiser Permanente-designated pharmacy except for drugs dispensed for emergency services. All Kaiser Permanente medical offices have pharmacies located within the clinic. Additional retail pharmacies are also under contract to provide covered prescription drugs for members. When you use Kaiser Permanente-designated pharmacies, covered drugs are subject to the plan cost share. If you elect to purchase a noncovered drug, you will pay the actual charge for the drug. The plan directory of providers available at **kp.org/wa** lists pharmacies in your area.

You may be eligible to receive an emergency fill for certain prescription drugs filled outside of Kaiser Permanente’s business hours or when Kaiser Permanente cannot reach the prescriber for consultation. You will pay a cost share for your emergency prescription drug fill. Refer to your Benefits Booklet for more information. A list of prescription drugs eligible for emergency fills is available on the pharmacy website at **kp.org/wa/formulary**. Members can request an emergency fill by calling 1-855-505-8107.

Call Member Services to find out which pharmacies are in your area, or if you anticipate needing to fill a prescription when you are traveling.

**How many days supply of most medications can I get without paying another copay or other repeating charge?**

Your plan contract allows up to a 30-day supply of prescription or refill per cost share amount. If you get a three-month supply of a maintenance drug, you will be charged three pharmacy cost share amounts. Depending on your plan, additional savings may be available for maintenance drugs through Kaiser Permanente mail-order services.

**What other pharmacy services does my health plan cover?**

A mail-order prescription refill service is available. Contact Member Services for your plan’s specific mail-order pharmacy benefits. At Kaiser Foundation Health Plan of Washington, the Pharmacy Department is involved in the development of clinical roadmaps and clinical guidelines. The Pharmacy Department participates in, or plays a role in, medication use and disease management programs for smoking cessation and for conditions such as diabetes, HIV/AIDS, asthma, depression, migraine headache, GERD (gastroesophageal reflux disease), and heart problems.

**Health information practices**

RCW 48-43-510 (1c)

Your health plan protects the confidentiality of members’ health care information. Kaiser Foundation Health Plan of Washington designates the chief privacy officer (CPO) and chief information security officer (CISO) to work in concert to provide strategic direction, leadership, and oversight to ensure solid privacy and information security programs, operational policies, and execution of the organization’s privacy and information security standards.

Under the CPO’s and CISO’s leadership, the Privacy Office and Information Security groups are responsible for overseeing the protection of health care information, and for the development, implementation, and monitoring of policies, standards, and education concerning the privacy and security of confidential member data.

Kaiser Permanente has established policies regarding employee responsibility for safeguarding health care information, oversight and accountability for confidentiality and security, access controls for member information and systems, using and disclosing member information securely, and responding to member requests to exercise individual rights.

Information about our privacy practices are described in the Kaiser Permanente Notice of Privacy Practices.

If you have any questions about this disclosure information, please call Member Services toll-free at **1-888-901-4636**.

# 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. This notice is effective as of February 15, 2017.

This notice applies to members covered under Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. plans, as well as the Group Health Cooperative Employee Benefit Plan. This notice also applies to patients receiving care in Kaiser Permanente facilities provided by Washington Permanente Medical Group, PC. In this notice the terms "we," "us," "our," and "Kaiser Permanente" are used to refer to all of these entities.

In this notice, "personal information" refers to any medical or financial information that can be used to identify you and relates to your physical or mental health or condition, the provision of health care to you, or the payment for that care, including your medical record. Personal information may include your name, Social Security number, address, telephone number, employment information, medical history, health records, claims information, or credit card number.

This notice is based on state and federal law. It explains our responsibilities and privacy practices regarding your personal information. We are required to protect the privacy of your personal information, provide you with this notice, and abide by the terms of this notice.

Safeguarding your privacy and the confidentiality of your personal information is a priority. Our policies and procedures are designed to protect your personal information in written, verbal, and electronic forms. Access to your personal information is kept to a minimum for the intended purpose and provided only for legitimate business need. Physical, electronic, and other safeguards help to protect against unauthorized access to your information.

## About Kaiser Permanente

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. offer health care coverage to

members through individual and group plans. Kaiser Permanente also delivers care to patients in medical facilities. Depending on your relationship with us, we may collect, use, and share your information in slightly different ways.

When you apply for health coverage, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. may receive your personal information directly from you or from third parties, which may include agents, brokers/producers, a trust, or your employer. We may share your personal information with the health plan administrator through which you receive your health benefits, to permit them to manage the business functions of the health plan. For example, we may share health plan enrollment and eligibility information with plan administrators. We may also share information that does not identify specific members with a plan administrator.

If you are enrolled in a self-funded plan through your employer, Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. may act as an "administrative services organization" for your self-funded plan and may receive and share information with the plan administrator, usually your employer, for certain administrative activities. For example, we may share claims information for health care services you have received. The plan administrator must confirm that it will protect your personal information in accordance with the law.

If you are a patient at a Kaiser Permanente facility, we keep a record of health care services you receive from us, as well as medical records sent to us from other health care providers. We will not share your information with others unless directed by you or otherwise allowed or required by law.

Kaiser Foundation Health Plan of Washington,  
Kaiser Foundation Health Plan of Washington

Options, Inc., and Group Health Cooperative Employee Benefit Plan may share your personal information with Kaiser Foundation Hospitals and Kaiser Foundation Health Plan, Inc., in connection with shared services and other national Kaiser Permanente activities for treatment, payment, or health care operations purposes. For example, if you are being considered for a transplant, we will share your personal information with our Kaiser Permanente National Transplant Network.

## How we may use and share your personal information

We use and share your personal information to provide treatment, receive and provide payment for health care services, and conduct health care operations. Some examples of how we may use or share your personal information without your authorization are described below. If you do not receive your health care from us, some of the following examples may not apply to you.

### Treatment

If you are a patient in a Kaiser Permanente medical facility, we may use or share your personal information to provide you medical care. For example, our physicians, nurses, pharmacists, and lab technicians may share your personal information to provide you health care services. In addition, we may share your personal information with health care providers or suppliers outside of Kaiser Permanente for consultation, referral, or coordination of your care.

### Payment and health care operations

We may receive your personal information from health care providers who treat you, so we can pay them in accordance with your health benefit plan. In addition, we may disclose your personal information to obtain payment for services provided to you. We may also use and share your personal information to carry out health care operations. Health care operations are business activities that support the delivery and payment of health care. Payment or health care operations purposes could include:

- Determining benefit eligibility and coordinating benefits with other health plans
- Reviewing services for medical necessity
- Paying a claim
- Performing utilization review
- Obtaining premiums
- Subrogating a claim
- Collection activities
- Providing care management
- Educating health or other professionals
- Underwriting health plan benefits
- Administering and reviewing a health plan
- Conducting medical reviews
- Providing customer service
- Determining coverage policies
- Performing business planning
- Arranging for legal and auditing services
- Obtaining accreditations and licenses

Please note that we are not allowed to use or share your genetic information for underwriting purposes, to adjust premiums, or to make enrollment or eligibility determinations based on your predisposition to a genetic condition. We are also prohibited from requesting, requiring, or purchasing genetic information about an individual in connection with health plan enrollment.

We may also contract with individuals or entities known as business associates to work on our behalf, which may require us to use and share your personal information with them. Our business associates must agree in writing to safeguard the confidentiality of your personal information in accordance with federal law and this notice.

### Disclosures required by law

Certain state and federal laws may require us to share your personal information. For example, we may share your information with:

- An authorized public health authority to protect public health and safety; to prevent or control certain diseases, injuries, or conditions; to report vital events such as births or deaths; or to participate in registries such as the cancer registry.

- The U.S. Food and Drug Administration (FDA) to investigate or track problems with prescription drugs and medical devices.
- Workers' compensation programs, which provide benefits to you if you have a work-related injury or illness.
- Government benefits programs, like Medicare and Medicaid, in order to review your eligibility and enrollment in these programs.
- Government entities authorized to receive reports regarding child or vulnerable adult abuse or neglect.
- Health oversight agencies. As health plans and health care providers, we must agree to oversight reviews by federal and state and other agencies. These agencies may conduct audits, perform inspections and investigations, license health care providers, health plans, and health care facilities, and enforce federal and state regulations.
- Law enforcement officials in limited circumstances. For example, disclosures may be made to report a crime on our property.
- Armed forces personnel for military activities and to authorized federal officials for national security activities.
- Funeral directors to assist with their responsibilities.
- County coroners for the investigation of deaths.
- Organ procurement organizations to the extent allowed by law.
- Disaster relief organizations such as the Red Cross to assist in disaster relief efforts.
- Correctional facilities if you are an inmate. We may share your personal information for your health and the health and safety of others.
- Appointment reminders—If you are a patient, to remind you that you have a health care appointment with us.
- Health information exchange—If you are a patient, we may make your health information available electronically through an information exchange network to other health care providers involved in your care. The purpose of this exchange is to deliver safer, better coordinated care to you by sharing your health information with other providers caring for you.
- Plan description—If you are a member, to communicate with you about our networks, health plans, and providers.
- Services related to your healthcare and wellness—If you are a member or patient, to remind you about preventive health services or to let you know about treatment alternatives, providers, settings of care, or health and wellness products or services that are available for you as a member.
- Facility directory information—If you are a patient in one of our facilities, we may share your name, the location where you are receiving care, your general health condition, and your religious affiliation in our facility directory unless you tell us that you wish to be excluded.
- Fundraising—We may use or disclose your demographic information and other limited information such as dates and where health care was provided, to certain organizations for the purpose of contacting you to raise funds for our organization. To direct us not to contact you for this purpose, call Member Services toll free at 1-888-901-4636.
- Research—Kaiser Permanente engages in extensive and important research. Some of our research may involve medical procedures and some is limited to collection and analysis of health data. Research of all kinds may involve the use or disclosure of your personal information. Your personal information can generally be used or disclosed for research without your permission if an Institutional Review Board (IRB) approves such use or disclosure. An IRB is a committee that is responsible, under federal law, for reviewing and approving human subjects research to protect the safety of the participants and the confidentiality of your personal information.

We may also use or share your personal information without your authorization in the following circumstances:

- Family, domestic partner, or friend involved in your care or the payment of your care or a person you identify when you are present and agree, or when you are not present or incapacitated and in our professional judgment it is in your best interest to share information about your care.

- Education—We may use and share your information to teach and educate staff and students. For example, teaching physicians may review health information with medical students.
- Public health and safety—We may use and share your personal information to avert a threat to the health and safety of a person or the public

We may share your personal information in response to a court order and, in certain cases, in response to a subpoena, discovery request, or other lawful process.

## Other uses of your personal information

Except in the situations described above, we will use and share your personal information only with your written permission or authorization. Kaiser Permanente is not permitted to sell or rent your personal information and may not use or share your personal information for marketing purposes without your authorization. In some situations, federal and state laws provide special protections for sharing specific kinds of personal information and require authorization from you before we can share that specially protected medical information. For example, information about treatment for alcohol or drug abuse, sexually transmitted disease, and mental health is specially protected. In these situations and for any other purpose, we will contact you for the necessary authorization. If you sign an authorization to disclose your health care information, you may withdraw it at any time by letting us know in writing.

## Your rights

You have rights regarding personal information that we maintain about you. If you do not receive treatment in our facilities, some of these statements may not apply to you. You may get more information about exercising these rights by calling the Privacy Office at 206-448-2422.

- Request restrictions: You may request that we limit the way we use or share your personal information. Please make your request to us in writing. We will consider your request but are not required to agree to it.
- Request restriction to a health plan: You may request that certain health care services or items that you pay for fully at the time of service not be shared with your health plan. Please let your provider know before, or at the time of service or we may not be able to fulfill your request.
- Confidential communication: You may ask that we contact you in a certain way or at a certain location, for example at a different address or phone number. We will usually be able to accommodate your request. Please make your request to us in writing.
- Inspect and copy: We keep a record of the health care services we provide you. You may review and request a copy of information in your medical record and certain other records maintained by us. We may ask you to make this request in writing. You may see your record or get more information about it at your Kaiser Permanente Medical Centers location. We may charge a reasonable fee for the cost of producing and providing you with a paper or electronic copy. In certain situations we may deny your request and tell you why we are denying it. You have the right to ask for a review of our denial.
- Amendments: You may ask us to correct or amend information in your records. Your request for a change to your record must be in writing and must give a reason for your request. We may deny your request, but you may respond by filing a written statement of disagreement and ask that the statement be included with your record.
- Accounting of disclosures: You may seek an accounting of certain disclosures by asking us for a list of the times we have shared your personal information. Your request must be in writing. You are entitled to one disclosure accounting in any 12-month period at no charge. If you request any additional accountings less than 12 months later, we may charge a fee.
- Breaches: You may receive a notice from us about a breach of unsecured personal information if you are affected. We may also inform you of ways you can protect yourself in the event of a breach.
- Receive an additional copy of this notice: You may request a paper copy or ask general questions about this notice by calling Member Services at 206-901-4636 or toll free at 1-888-901-4636. You may also view this notice on our website at **[kp.org/wa](http://kp.org/wa)**.

## Questions and complaints

If you have questions about this notice or want to file a complaint about our privacy practices, write to the Privacy Officer, Kaiser Permanente, 320 Westlake Ave. N, Suite 100, Seattle, WA 98109-5233 or call us at 206-448-2422. You may also notify the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights.

We will not retaliate against you if you file a complaint about our privacy practices.

## Changes to privacy practices

We may change the terms of this notice at any time. If we change any of the privacy practices described in this notice, we will post the revised notice on our website, at [kp.org/wa](http://kp.org/wa) and in our medical facilities. We may give you additional information about our privacy practices in other notices we provide.

## CONTACT US

### **MEMBER SERVICES**

Toll-free **1-888-901-4600** or **206-901-4600**

Monday through Friday from 8 a.m. to 5 p.m.

Answers to questions regarding coverage, directions to Kaiser Permanente medical offices, help obtaining a language interpreter, and much more.

### **PRIVACY OFFICE**

206-448-2422

For questions about the Notice of Privacy Practices or to file a complaint about our privacy practices.

### **TTY RELAY**

**1-800-833-6388** or **711**

Monday through Friday from 8 a.m. to 5 p.m.

Members who are hearing- or speech-impaired should call to access Kaiser Permanente departments, staff, or Member Services.



# Kaiser Permanente Nondiscrimination Notice and Language Access Services



## KAISER PERMANENTE NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. ("Kaiser Permanente") comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. Kaiser Permanente does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

### **Kaiser Permanente:**

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Kaiser Permanente Member Services.

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance by phone, mail, fax, or email. If you need help filing a grievance, a Kaiser Permanente Member Services Representative is available to help you. Language assistance is provided free of charge.

### **Kaiser Permanente Member Services**

Phone: 206-630-4636

Toll-free: 1-888-901-4636

TTY Washington Relay Service: 1-800-833-6388 or 711

TTY Idaho Relay Service: 1-800-377-3529 or 711

Fax: 206-901-6205 or toll-free 1-888-874-1765

Address: PO Box 34593, Seattle, WA 98124-1593

Email: [csforms@ghc.org](mailto:csforms@ghc.org)

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW., Room 509F

HHH Building

Washington, DC 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

For Medicare Advantage Plans Only: Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.

## LANGUAGE ACCESS SERVICES

**English: ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call 1-888-901-4636 (TTY: 1-800-833-6388 or 711).

**Español (Spanish): ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**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 1-888-901-4636 (TTY: 1-800-833-6388 / 711)。

**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 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**한국어(Korean): 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-901-4636 (TTY: 1-800-833-6388 / 711) 번으로 전화해 주십시오.

**Русский (Russian): ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-901-4636 (телетайп: 1-800-833-6388 / 711).

**Filipino (Tagalog): PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**Українська (Ukrainian): УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-901-4636 (телетайп: 1-800-833-6388 / 711).

**ភាសាខ្មែរ (Khmer): រម្ងាប់ត្រូវ:** បើសិនអ្នកនិយាយខ្មែរ, សេវាជំនួយភាសា យើងមិនគិតថ្លៃ គឺចូលរួមសំបុត្រអាក្រក់។ ចូរទូរស័ព្ទ 1-888-901-4636 (TTY: 1-800-833-6388 / 711)។

**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。1-888-901-4636 (TTY: 1-800-833-6388 / 711) まで、お電話にてご連絡ください。

**አማርኛ (Amharic): ማሰታወሻ:** የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶቻችን በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-888-901-4636 (መስማት ለተሳናቸው: 1-800-833-6388 / 711)።

**Oromiffa (Oromo): XIYYEEFFANNAA:** Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**العربية (Arabic):** لديكم حق الحصول على مساعدة ومعلومات في ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-901-4636 (رقم هاتف الصم والبكم: 1-800-833-6388 / 711).

**ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ:** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-901-4636 (TTY: 1-800-833-6388 / 711) 'ਤੇ ਕਾਲ ਕਰੋ।

**Deutsch (German): ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**ພາສາລາວ (Lao): ໄປດຊາບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**Srpsko-hrvatski (Serbo-Croatian): OBAVJEŠTENJE:** Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-901-4636 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-833-6388 / 711).

**Français (French): ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-901-4636 (ATS: 1-800-833-6388 / 711).

**Română (Romanian): ATENȚIE:** Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**Adamawa (Fulfulde): MAANDO:** To a waawi Adamawa, e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**فارسی (Farsi): توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-901-4636 (TTY: 1-800-833-6388 / 711) تماس بگیرید.