

**THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**WHO WILL FOLLOW THIS NOTICE.**

THIS NOTICE GIVES YOU INFORMATION REQUIRED BY LAW about the privacy practices of the UAB self-insured group health plan (“the Plan”) administered by VIVA HEALTH Administration, L.L.C. (“VIVA HEALTH”). Effective January 1, 2019, The Plan also includes certain components of the Plan Sponsor’s Wellness program, as designated by the Plan Sponsor, as well as the business associates (as defined by the Health Information Portability and Accountability Act (“HIPAA”)) of those components of the Wellness program. This notice does not apply to employees or nonemployees who may participate in other wellness activities offered by the Plan Sponsor or its Wellness Program, that are not designated as part of the Plan by the Plan Sponsor. The Plan is sponsored by The University of Alabama at Birmingham (the “Plan Sponsor” or “UAB”). The Plan Sponsor is a HIPAA hybrid covered entity, and this Notice applies to the Plan and the administrative departments at UAB, the University of Alabama System, the UAB Health System, and the UAB Hospital Management, LLC., that may provide legal, billing, auditing, technology support or other administrative support for the Plan. These departments include, but are not limited to, the University of Alabama System (“UAS”) Office of Counsel; the UAS Office of Internal Audit; the UAB Privacy and Security Officers; the UAB Human Resources department (including UAB Employee Benefits, which also includes UAB Employee Wellness), Information Technology, and Compliance departments; and the UAB and UAS Risk Management departments. For purposes of this Notice, the group health plan and its affiliated administrative support departments, when providing administrative support for the group health plan are referred to as the Plan.

The Plan provides health benefits to you as described in your VIVA CHOICE Certificate of Coverage. The Plan receives and maintains your medical information in the course of providing the health and wellness benefits to you as described above. The Plan also hires business associates to help it provide these benefits to you. These business associates will also receive and maintain your medical information in the course of assisting the Plan. For purposes of this Notice, the Plan and VIVA HEALTH are referred to herein as “we” or “our”.

**OUR PLEDGE REGARDING MEDICAL INFORMATION:**

We understand that information about you and your health is personal, and we are committed to protecting your health information. We create a membership record of your enrollment in the Plan. We also maintain records of payments we have made for health care services you have received and health information we have used and disclosed to make decisions about your care. We need these records to provide the benefits and services you are entitled to receive as a member of the Plan and to comply with certain legal and regulatory requirements. This Notice describes the ways in which we may use and disclose your health information and describes your rights and our legal obligations regarding the use and disclosure of your health information. We are required by law to:

- make sure that your health information is kept private;
- provide you with this Notice describing our legal duties and privacy practices with respect to your health information;
- notify you in the case of a breach of your identifiable health information; and
- follow the terms of the Notice currently in effect.

## **HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

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

- **Treatment and Treatment Alternatives.** We may use or disclose your health information to help your doctors and other health care providers coordinate or arrange your treatment or care. For example, we may notify a doctor that you have not received a covered preventive health screening that is recommended by a national institute or authoritative agency, or we may alert your doctor that you are taking prescription drugs that could cause adverse reactions or interactions with other drugs. In addition, we may help your health care provider coordinate or arrange services that you need or help your health care provider find a safer prescription drug alternative. We may also disclose your health information to people outside of the Plan who may be involved in your treatment or care, such as your family members or close friends. We may use and disclose your health information to tell you about health-related benefits or services that may be of interest to you.
- **Payment.** We may use and disclose your health information for payment purposes. Examples of payment include, but are not limited to:
  - obtaining Plan premiums;
  - determining or fulfilling our responsibility for coverage of benefits (or the provision of benefits);
  - processing claims filed by providers who have treated you;
  - reviewing health care services to determine Medical Necessity, provision of coverage, or justification of charges;
  - coordinating benefits with other health plans (payers) that provide coverage for you;
  - pursuing recoveries from third parties (subrogation); and
  - providing eligibility information to health care providers.

**Health Care Operations.** We may use and disclose your health information for health care operations. These uses and disclosures are necessary for the Plan to operate and make sure that all its members receive quality care. We may also combine health information about plan members to determine what additional services or benefits should be offered and what services or benefits may not be needed. Additionally, we may disclose your health information for health care operations of another covered entity. For example, if you receive benefits through a group health plan, we may disclose your health information to other health plans or business associates that are involved in administering your group health plan benefits.

- Examples of health care operations include, but are not limited to:
  - conducting quality assessment and improvement activities;
  - engaging in care coordination or case management;
  - detecting fraud, waste or abuse;
  - providing customer service;
  - business management and general administrative activities related to our organization and the services we provide;
  - underwriting, premium rating, or other activities relating to the issuing, renewal or replacement of the Plan; and

- to conduct the wellness rewards program and to perform health risk assessment programs and/or quality assessment and improvement activities, or engage in care coordination or case management and customer service.

*Note: We will not use or disclose your genetic information for underwriting purposes.*

- **Organized Health Care Arrangement.** VIVA HEALTH participates in an Organized Health Care Arrangement, referred to as an “OHCA,” with certain network providers. In an OHCA, VIVA HEALTH works jointly with network providers to help coordinate the medically necessary care you need in the most appropriate care setting. This arrangement enables the entities of the OHCA to better address your health care needs. The entities of the OHCA may also share in the cost of your care and work together to assess the quality of the care you receive. Your health information will be shared among the entities participating in the OHCA for treatment, payment or health care operation purposes relating to the OHCA.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release your health information to the Subscriber, UAB benefits employees or Wellness employees, a friend or family member who is involved in your care or payment for your care, and to your personal representative(s) appointed by you or designated by applicable law. We may also share a minor dependent’s health information with the Subscriber or other parent/guardian on the same policy as the Subscriber, if applicable, unless such disclosure is prohibited by law or in certain situations where we are permitted by federal and state law to decide whether to disclose based on the minor’s best interest. In addition, we may disclose your health information to an entity assisting in a disaster relief effort so that your family can be notified about your status and location.
- **Health-Related Benefit and Service Reminders.** We may use and disclose health information to contact you and remind you to talk to your doctor about certain covered screenings or preventive services. We may also use and disclose health information to tell you about health-related benefits or services that may be of interest to you.
- **Research.** We may use and disclose your health information for research purposes. All research involving your information must go through a special review process required by law to protect patient privacy, such as review and approval by an Institutional Review Board or Privacy Board. In most cases, your authorization is required before your health information is used or disclosed for research. However, in certain circumstances your authorization is not required – for example, when the research involves reviewing patient records without patient contact to compare the outcomes of different treatments for the same condition. Some research may also use health information that has been de-identified or provided as HIPAA limited data.
- **Certain Marketing Activities.** We may use your health information to provide promotional gifts of nominal value, to communicate with you about services offered by the Plan, to communicate with you about case management and care coordination, or to tell you about treatment alternatives. These communications are permitted by applicable law and do not require your written authorization. We will not use or disclose your health information for other marketing purposes without your written authorization. If we receive any payment from a third party in connection with a marketing communication, we will obtain your prior written authorization before using or disclosing your information. VIVA HEALTH does not sell your health information to any third party for their marketing purposes.
- **Business Associates.** There are some benefits and services the Plan provides through contracts with business associates. One example is our arrangement with VIVA HEALTH to serve as the third party administrator of the Plan. Other examples include a copy service we use when making

copies of your health information, or other arrangements for consultants, accountants, lawyers, and subrogation companies. When these services are contracted, we may disclose your health information to these business associates so that they can perform the job we have asked them to do. To protect your health information, we require the business associate to appropriately safeguard your information.

- **The Plan Sponsor (Your Employer).** We may disclose, in summary form, your claim history and other similar information to the Plan Sponsor, your Employer. Such summary information does not contain your name or other distinguishing characteristics. We may also disclose to the Plan Sponsor the fact that you are enrolled in, or disenrolled from, the Plan. VIVA HEALTH may disclose to the Plan, and it may use, your health information to perform certain administrative functions on behalf of the Plan (for example, to assist you or others acting on your behalf, in resolving complaints or coverage issues). The Plan/Plan Sponsor agrees to ensure the continuing confidentiality and security of your protected health information. The Plan/Plan Sponsor also agrees not to use or disclose your protected health information for employment-related activities.
- **As Required By Law.** We will disclose your health information when required to do so by federal, state or local law.
- **Public Health Activities.** We may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- **Food and Drug Administration (FDA).** We may disclose health information to the Food and Drug Administration (“FDA”) or to manufacturers subject to FDA regulation when necessary to report adverse events related to food, dietary supplements, or products; to report product defects or problems; to conduct post-marketing surveillance; or to enable product recalls, repairs, or replacements
- **Victims of Abuse, Neglect or Domestic Violence.** We may disclose your health information to public health or social service agencies or other government authorities that are authorized by law to receive reports of abuse, neglect, or domestic violence. For example, we are required to report suspected cases of child abuse or neglect, and in some circumstances elder and domestic abuse or neglect to the appropriate authorities. We will make these disclosures only to the extent required or permitted by law.
- **Health Oversight Activities.** We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, licensure, and inspections, as well as other activities necessary for the government to monitor the healthcare system, government benefit programs, compliance with civil rights laws, and compliance with other legal requirements.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or other legal dispute, we may disclose your health information in response to a court or administrative order. We may also disclose your health information in response to a subpoena, discovery request, or other lawful process from someone involved in the dispute, but only if efforts have been made to notify you about the request. We may disclose health information for judicial or administrative proceedings, as permitted or required by law.
- **Law Enforcement.** We may release your health information for law enforcement purposes as permitted or required by law. These purposes include complying with a court order, warrant, subpoena, summons, or other lawful process; identifying or locating a suspect, fugitive, material witness, or missing person; reporting information about a victim of crime in limited

circumstances; reporting a death that may have resulted from criminal conduct; and for reporting suspected criminal conduct that occurred on our premises.

- **Coroners, Medical Examiners and Funeral Directors.** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information to funeral directors as necessary for them to carry out their duties.
- **Organ and Tissue Donation.** If you are an organ, tissue, or eye donor or recipient, we may use or release your health information to organizations that manage organ, tissue, and eye procurement, banking, transportation, and transplantation.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be for the purpose of averting a serious threat to health or safety.
- **Military and Veterans.** If you are or were a member of the U.S. armed forces, we may disclose your health information as required or authorized by military command authorities. We may also disclose health information to the U.S. Department of Veterans Affairs to determine eligibility for benefits or to coordinate care.
- **National Security and Intelligence Activities.** We may release your health information as permitted or required by law to authorized federal officials for intelligence, counterintelligence, and other national security activities.
- **Protective Services for the President and Others.** We may disclose your health information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or conduct special investigations.
- **Workers' Compensation.** We may disclose your health information as required or authorized by law for workers' compensation or similar programs that provide benefits for work-related injuries or illnesses. These disclosures will be limited to health information related to such work-related injuries or illnesses as required or authorized by applicable law. Such disclosures may include providing health information to your employer.
- **Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your health information to the correctional institution or law enforcement official for your health or for the health and safety of other individuals.
- **Other uses and disclosures.** We will obtain your written authorization to use or disclose your psychotherapy notes (other than for limited uses or disclosures permitted by law without your authorization); to use or disclose your health information for marketing activities not described above; and prior to selling your health information to any third party. Psychotherapy notes are the personal notes of a mental health professional that document or analyze the contents of a counseling session and are kept separate from the rest of your medical record. Routine mental health information—such as your diagnosis, medications, treatment plan, session times, or progress notes—is part of your regular medical record. Any other uses and disclosures not described in this Notice will be made only with your written authorization.
- **Special Note.** Once your health information is disclosed for permitted purposes or according to your request, it may be subject to redisclosure and no longer protected by federal regulations.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

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

- **Right to Inspect and Obtain a Copy.** With limited exceptions, you have the right to inspect and obtain a copy of your health information that we maintain. This includes enrollment, payment, claims processing, and case or medical management records held by VIVA HEALTH.

To inspect or obtain a copy of your health information, submit a written request to VIVA HEALTH's Privacy Officer (see contact information in this Notice). If you request a paper or electronic copy of the information, we may charge a reasonable, cost-based fee for complying with your request.

In certain limited circumstances, we may deny your request. If your request is denied, you will receive a written notice explaining the reason for the denial and, when applicable, how to request a review by another licensed health care professional.

- **Right to Amend.** If you feel that the health information we have about you is incorrect or incomplete, you have the right to request an amendment. You may request an amendment for as long as the information is maintained by or for VIVA HEALTH.

Your request for amendment must be made in writing on the required form, must identify the specific records you wish to amend, must explain why you believe the information is incorrect or incomplete, and must be submitted to the VIVA HEALTH Privacy Officer (see contact information in this Notice).

We may deny your request for amendment in certain limited circumstances. If we deny your request, we will provide a written explanation of the reason for the denial and describe your options, including your right to submit a written statement of disagreement or to have your request included with your record.

- **Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures, which is a list of certain disclosures of your health information that we made to others without your written authorization and pursuant to an exception to the authorization requirement. The accounting but does not include disclosures that do not require an authorization, such as disclosures made for treatment purposes, payment, or health care operations.

The right to an accounting applies only to disclosures, not to internal uses or routine access to your electronic health record. You are not entitled to receive a list of the individual health care providers, staff members, or other personnel who have viewed or used your health record for purposes of treatment, payment, or health care operations. These internal uses are permitted under law and are not part of the accounting of disclosures.

To request an accounting of disclosures, you must submit your request in writing on the required form to the VIVA HEALTH Privacy Officer (see contact information in this Notice). Your request must specify a time period that may not be longer than the six years before the date of your request and should indicate the format in which you would like the information (for example, on paper or electronically). The first accounting you request within a 12-month period will be provided at no charge. We will notify you of the cost, if any, before the information is prepared, and you may choose to withdraw or modify your request.

- **Right to Request Restrictions.** You have the right to request that we restrict or limit how we use or disclose your health information for treatment, payment and health care operations. You also have the right to request a limit on your health information we disclose to someone involved in your care or payment for your care, like a family member or friend. For example, you may ask that we not use or disclose information about a surgery you had.

We are not required to honor your request in most circumstances, but we must honor your request in the following two situations:

1. If you ask us not to disclose information about an item or service to a health plan for payment or health care operations purposes and you (or someone else on your behalf) have paid in full for that item or service out of pocket; and
2. If you ask us not to disclose your information to family members or friends involved in your care or payment for your care.

If we agree to honor your request, we will comply with your request unless the information is needed to provide you with emergency treatment or we are required by law to disclose it. If we deny your request, we will tell you why and explain your options.

To request a restriction, you must submit your request in writing on the required form to the VIVA HEALTH Privacy Officer (see contact information in this Notice). Your request must specify: (1) what information you want to limit; (2) whether you want to limit the use or disclosure of the information, or both; and (3) to whom the limits should apply (for example, disclosures to a family member).

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way. For example, you may ask that we contact you only at work, by mail, or at a certain address or telephone number.

To request confidential communications, you must make your request in writing to the VIVA HEALTH Privacy Officer (see contact information in this Notice) and specify how or where you wish to be contacted. We will accommodate all reasonable requests and we will not ask you the reason for your request. We will always accommodate a request if you state that the disclosure of all or part of your health information could endanger you.

- **Right to Revoke Authorization.** You have the right to revoke, in writing, any authorization you have provided to use or disclose your health information, except to the extent that action has already been taken in reliance on your authorization. To revoke an authorization, you must submit your written request to the VIVA HEALTH Privacy Officer (see contact information in this Notice). Please note that we cannot retract any disclosures we have already made based on your authorization before it was revoked.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy.

You may obtain a copy of this Notice at: <http://www.uab.edu/benefits>

To obtain a paper copy of this Notice, call the VIVA HEALTH Customer Service Department (phone numbers are listed on your health plan ID card).

## **YOUR RESPONSIBILITIES FOR PROTECTING MEDICAL INFORMATION.**

As a member of the Plan, you are expected to help safeguard your health information (including your wellness information). For example, you are responsible for letting us know if you have a change in your address, email or phone number. You are also responsible for keeping your health plan ID card safe. If you have on-line access to Plan information, you are responsible for establishing a password and protecting it. If you suspect someone has tried to access your records or those of another member without approval, you are responsible for letting us know as soon as possible so we can work with you to determine if additional precautions are needed.

### **CHANGES TO THIS NOTICE.**

We reserve the right to change the terms of this Notice at any time. Any revised Notice will apply to health information we already have about you as well as any information we receive in the future. When we make a material change to this Notice, we will post the revised Notice on the Plan website at: <http://www.uab.edu/benefits> and include the revised Notice in our annual mailing to all Plan Subscribers covered by VIVA HEALTH. The effective date of the current Notice is shown on the first page.

### **FOR MORE INFORMATION OR TO REPORT A PROBLEM OR COMPLAINT.**

If you have questions and would like additional information, you may contact the UAB Privacy Officer (see contact information below). If you believe your privacy rights have been violated, you may file a complaint with UAB or with the Secretary of the Department of Health and Human Services. To file a complaint with UAB, contact UAB's Privacy Officer (see contact information below). All complaints must be submitted in writing. You will not be penalized or retaliated against for filing a complaint.

### **UAB PRIVACY OFFICER – CONTACT INFORMATION.**

UAB Privacy Officer  
GSB 423, 619 19<sup>th</sup> Street South, Birmingham, AL 35233  
205-996-5051

### **NOTICE EFFECTIVE DATE:**

The effective date of the Notice is April 14, 2003. The Notice was last amended on February 16, 2026.

**For requests to inspect, copy, amend, restrict your medical information or for request for an accounting of disclosures of your medical information, contact the VIVA HEALTH PRIVACY OFFICER.**

### **VIVA HEALTH PRIVACY OFFICER – CONTACT INFORMATION:**

Address: VIVA HEALTH  
Attention: Privacy Officer  
417 20th Street North, Suite 1100  
Birmingham, AL 35203  
Email: [vivamemberhelp@uabmc.edu](mailto:vivamemberhelp@uabmc.edu)  
Phone: 1-800-294-7780 (TTY users, please call the Alabama Relay Service at 711)

VIVA HEALTH's normal business hours are from 8 a.m. to 5 p.m., Monday through Friday.

### **NOTICE OF FINANCIAL INFORMATION PRACTICES**

VIVA HEALTH is committed to maintaining the confidentiality of your personal financial information. We may collect and disclose non-public financial information about you to assist in providing your health care



coverage or to help you apply for financial assistance from federal and state programs. Examples of personal financial information may include your:

- Name, address, phone number (if not available from a public source)
- Date of birth
- Social security number
- Income and assets
- Premium payment history
- Bank routing/draft information (for the collection of premiums)
- Credit/debit card information (for the collection of premiums)

We do not disclose personal financial information about you (or former members) to any third party unless required or permitted by law.

We maintain physical, technical and administrative safeguards that comply with federal standards to guard your personal financial information.

### **UAB NONDISCRIMINATION AND LANGUAGE ACCESSIBILITY NOTICE**

UAB complies with applicable Federal civil rights laws and does not discriminate based on race, color, ethnic or national origin, genetic information, age, disability, religion, veteran's status, or sex (consistent with the scope of sex discrimination described at 45 CFR 92.10(1)(i)). UAB does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex. UAB:

- 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 UAB Medicine Civil Rights/ADA Coordinator at (205) 731-9863. If you believe that UAB has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: UAB Medicine Civil Rights/ADA Coordinator, P.O. Box 55746, Birmingham, Alabama 35255, phone: (205) 731-9863; [uabmedicinecompliance@uabmc.edu](mailto:uabmedicinecompliance@uabmc.edu). You can file a grievance in person or by mail or email.

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

U.S. Department of Health and Human Services 200 Independence Avenue, SW  
Room 509F, HHH Building Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

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

UAB will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, free of charge, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Guest Services Department at 205-934-2273 will be responsible for such arrangements.

## **Notice of Availability of Language Assistance Services and Auxiliary Aids and Services:**

### **English (English)**

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-294-7780 (TTY: 711) or speak to your provider.

### **Español (Spanish)**

ATENCIÓN: Si habla español (Spanish), tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-294-7780 (TTY: 711) o hable con su proveedor.

### **中文 (Traditional Chinese)**

注意：如果您說中文 (Chinese)，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-800-294-7780 (TTY : 711) 或與您的提供者討論。

### **中文 (Simplified Chinese)**

注意：如果您說中文 (Chinese)，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-800-294-7780 (文本电话：711) 或咨询您的服务提供商。

### **한국어 (Korean)**

주의: 한국어 (Korean) 를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-294-7780(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

### **Việt (Vietnamese)**

LƯU Ý: Nếu bạn nói tiếng Việt (Vietnamese), chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-294-7780 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

### **العربية (Arabic)**

تنبيه: إذا كنت تتحدث اللغة العربية (Arabic)، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-800-294-7780 (TTY: 711) أو تحدث إلى مقدم الخدمة.

### **Deutsch (German)**

ACHTUNG: Wenn Sie Deutsch (German) sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-800-294-7780 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

### **Français (French)**

ATTENTION : Si vous parlez Français (French), des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des

formats accessibles sont également disponibles gratuitement. Appelez le 1-800-294-7780 (TTY : 711) ou parlez à votre fournisseur.

### **ગુજરાતી (Gujarati)**

ધ્યાન આપો: જો તમે ગુજરાતી (Gujarati) બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓફિસલરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-800-284-7780 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

### **Tagalog (Tagalog)**

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-294-7780 (TTY: 711) o makipag-usap sa iyong provider.

### **हिंदी (Hindi)**

ध्यान दें: यदि आप हिंदी (Hindi) बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-800-294-7780 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

### **ລາວ (Lao)**

ເລື່ອງລາວ: ຖ້າທ່ານເວົ້າພາສາ ລາວ (Lao), ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາຕື 1-800-294-7780 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

### **РУССКИЙ (Russian)**

ВНИМАНИЕ: Если вы говорите на русский (Russian), вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-294-7780 (TTY: 711) или обратитесь к своему поставщику услуг.

### **Português (Portuguese)**

ATENÇÃO: Se você fala português (Portuguese), serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-294-7780 (TTY: 711) ou fale com seu provedor.

### **Türkçe (Turkish)**

DİKKAT: Türkçe (Turkish) konuşuyorsanız, ücretsiz dil yardım hizmetleri sizin için mevcuttur. Erişilebilir formatlarda bilgi sağlamak için uygun yardımcı araçlar ve hizmetler de ücretsiz olarak mevcuttur. 1-800-294-7780 (TTY: 711) numarasını arayın veya sağlayıcınızla görüşün.

### **日本語 (Japanese)**

注：日本語(Japanese)を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-800-294-7780（TTY：711）までお電話ください。または、ご利用の事業者にご相談ください。