Your Information. Your Rights. Our Responsibilities.

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.

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

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
• Raise funds
• Participate in Health Information Exchange(s) (HIEs)

Our Uses and Disclosures
We may use and share your information as we:

• Treat you
• Run our organization
• Bill for your services

Effective Date: February 1, 2021
• 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. To exercise any of these rights, you may contact us through the contact information at the end of this notice.

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. You can ask us to send an electronic copy of your electronic medical record to someone of your choosing. 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, unless a limited basis for denying access applies. 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.
• Even if we say “no” to your request, you may have the right to submit a written addendum to your record about health information you think is incomplete or inaccurate. Ask us how to do this.
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,” such as 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 may 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 through the contact information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.
- 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 generally 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 (to the extent that an activity is defined as “marketing” under a federal medical privacy law called “HIPAA”)
- Sale of your information (to the extent that an activity is defined as a “sale of protected health information” under HIPAA)
- 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.

In the case of our participation in internal Health Information Exchange(s) (HIEs) and external HIE networks:

- We may share your information electronically with other organizations.
- Individual information that requires a signed authorization by you for release through an HIE WILL NOT be made available to an HIE without your authorization, unless we are required by law to submit your information.
- If you do not want your information to be shared in this way, you can opt out at: [https://www.provshare.org/health-information-exchange/for-patients/](https://www.provshare.org/health-information-exchange/for-patients/) or by calling us toll-free at (833)-990-1900. If you opt out, your health care providers treating you can ask for your information in another way instead of accessing the information through the HIE.

**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.
Notice of Privacy Practices

Treat you

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

*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 assess and improve the quality of our treatment 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 health care services to you to your health insurance plan so it will pay for your services.*

Operations of organized health care arrangements

Members of our hospitals’ medical staff and allied health professionals under an organized health care arrangement (OHCA) may share your health information with each other as necessary to carry out treatment, payment, or health care operations relating to the OHCA.

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

Effective Date: February 1, 2021
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.

Service Providers

We can share your health information with services providers that assist Providence and have contractual obligations to safeguard your information.

De-Identified Information

We may use your health information to create de-identified information. This is information that has gone through rigorous processes so that the risk that it can identify you is very small. Sometimes we do this by removing 18 categories of identifiers that are specified in the federal HIPAA regulations, such as by removing name, Social Security number, date of birth, and zip code. Other times, we may have an expert in statistics determine that the risk of someone using the information to identify you is very small. Once your health information is de-identified, we may disclose it for various purposes, such as research or
development of new healthcare technologies. We may receive payment for the de-identified information.

**Special Categories of Medical Information**

We will follow federal and state laws that may offer additional protections beyond this notice regarding your information such as those that are related to uses and disclosures of mental/behavioral health, drug and alcohol abuse, HIV tests and genetic testing information.

**State Specific Requirements**

Some states have separate privacy laws that may apply additional protections to the uses and disclosures of your information. If a state privacy law is more stringent than what is described in this notice in the way that we use or share your information, we will follow the applicable state law.

**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 is likely to have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice.
- 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](http://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 and on our web site.

Application of this Notice

In this notice we use the terms “we,” “us,” and “our” to describe Providence, a non-profit organization. The notice describes our practices and that of:

- Any health care professional authorized to enter information into your record.
- All departments and units.
- Any member of a volunteer group we allow to help you.
- All employees, staff and other personnel.
- Our Affiliated Covered Entities (ACE) that are under the common ownership or control of Providence.
- Members of our hospitals’ medical staff and allied health professionals under an organized health care arrangement (OHCA) when providing services at Providence facilities.

This notice applies to services at health care delivery sites owned by Providence and its Affiliated Covered Entities that are under the common ownership or control of Providence.

Additional information regarding the organizations that will follow this notice, including all providers providing health care to the public at all of its delivery sites, can be found at https://www.providence.org/.

Effective Date: February 1, 2021
Relation to Permissions and Requirements under Federal and State Medical Privacy Laws

This notice of privacy practices is intended to provide an explanation of your medical privacy rights and our responsibilities in plain, understandable language. The laws governing medical privacy are themselves highly complex. To improve readability, this notice summarizes our obligations and does not include every legal exception that may apply. If we have not included exceptions that are available under the law, this notice should not be read to suggest that the exceptions do not apply. Providence does not intend for this notice to create greater obligations or restrictions on Providence than those required by law.

Contact Information

Providence Privacy Office Integrity Hotline Number: 1-888-294-8455
Providence St. Joseph Health System Office Number: 1-425-525-3355
1801 Lind Avenue SW, Suite 9016
Renton, WA 98057-9016
<table>
<thead>
<tr>
<th>Language</th>
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<td><strong>ATENCIÓN:</strong> Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-311-9127 (TTY: 711).</td>
</tr>
<tr>
<td>Chinese</td>
<td>注意：如果您講中文，我們可以給您提供免費中文翻譯服務，請致電888-311-9127 (TTY: 711).</td>
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<tr>
<td>Arabic</td>
<td>يُرجى الانتباه: إذا كنت تكلمون اللغة العربية، فأعلموا أن خدمات المساعدة اللغوية متوفرة مجانا لكم. اتصلوا برقم الهاتف 888-311-9127 (أو الخط البرمجي المكتبي للخدمة الهاتفية 888-311-9127) (رقم TTY 711).</td>
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<td>ਪੰਜਾਬੀ ਭਾਸ਼ਾ ਦੇ ਦ੍ਰਿਸ਼ਟਿ ਵਿਚ ਹੀ ਨਹੀਂ ਦੇਖਾ ਜਾਂਦਾ ਹੈ, ਉੱਤਰ-ਪੂਰਬੀ ਪੰਜਾਬ ਅਕਸਰ ਮਿਸਾਲ ਵਜੋਂ ਇੱਕ ਸ਼ਲਾਹਕਾਰ ਦੇ ਵੇਜ਼ ਵਿਚ ਹੈ।</td>
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<td>Hindi</td>
<td>ध्यान देने: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 888-311-9127 (TTY: 711) पर कॉल करें।</td>
</tr>
<tr>
<td>Thai</td>
<td>โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการความช่วยเหลือทางภาษาโดยไม่เสียค่าใช้จ่าย โทร 888-311-9127 (TTY: 711)</td>
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</table>
### Notice of Privacy Practices

**Ukrainian**

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 888-311-9127 (телетайп: 711).

**French**

ATTENTION: Si vous parlez français, des services d’aide linguistique vous sont proposés gratuitement. Appelez le 888-311-9127 (ATS: 711).

**Navajo**

Díí baa akó nínízin: Díí saad bee yánííte’ go Diné Bizaad, saad bee áká’ánída’ áwo’déé’, t’áá jiik’eh, éí ná hóló, kojí’ hódíílníh 1-888-311-9127 (TTY: 711.)

**Laotian**

ໝາຍເຫດ: ຖ້ າທ່ ານເວົ້ າພາສາລາວ, ມີ ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານ. ປໍ່ 888-311-9127 (TTY: 711).

**Gujarati**

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. કોન કરો 888-311-9127 (TTY: 711).

**Cushite**


**Amharic**

ልብይበሉን የሚኖርቱ ጋርንና፣ የጋንስ ᆉገልግሎቶች፣ በነጻ፣ መልጊት ይፋሰሉ። በ 888-311-9127 (መስማት ወለተሳናቸው: 711) ይደውሉ።

**Romanian**

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 888-311-9127 (TTY: 711).

**Samoan**

MO LOU SILAFIA: Afai e te tautala i le Gagana Samoa, o loo i auaunaga fesoasoani, e leai se totogi mo oe, Telefoni mai i le: 888-311-9127 (TTY: 711)

**Ilocano**

AGATENSION: No agsasaokayo iti Ilocano, dagiti serbisio para ti tulong iti pagsasao nga awan ti bayadan ket siaadda para kadakayo. Tawagan ti 888-311-9127 (TTY: 711).

**Italian**

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 888-311-9127 (TTY: 711).

**Polish**

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 888-311-9127 (TTY: 711).

**Norwegian**

MERK: Hvis du snakker norsk, er gratis språkassistentetjenester tilgjengelige for deg. Ring 888-311-9127 (TTY: 711).

**Pennsylvanian**


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**Effective Date:** February 1, 2021
## Notice of Privacy Practices

**Vietnamese**

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<th><strong>CHÚ Ý:</strong> Nếu bạn nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn dành cho bạn. Gọi số 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY: 711).</th>
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**Tagalog**

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**Panjabi* (Gurmukhi)**

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<th><strong>ਿਧਆਨ ਿਧਓ:</strong> ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਹੀ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਧਿਵੱਚ ਸਹਾਇਤਾ ਸੇਵਾਏਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਿਬ ਹੈ। 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY:711) ਦੇ ਕੋਲ ਕਰੋ।</th>
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**Mon-Khmer, Cambodian**

| **សូម​រួម​ណ៍៖** បើអ្នកនិយាយសាឧការវិជ្ជាល់ ទៅជាមួយ សមាសធាតុ លេខ ៨៨៨-៣១១-៩១២៧ (Swedish Edmonds ៨៨៨-៣១១-៩១៧៨) (TTY: 711) | |
|---|

**Hindi**

<table>
<thead>
<tr>
<th><strong>ध्यान दें:</strong> यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY: 711) पर कॉल करें।</th>
</tr>
</thead>
</table>

**Hmong**

<table>
<thead>
<tr>
<th><strong>LUS CEEV:</strong> Yog tias koj hais lus Hmoob, koj tuja yeev siv cov kev pab txhais lus pub dawb. Hu rau 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY: 711).</th>
</tr>
</thead>
</table>

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<table>
<thead>
<tr>
<th>Language</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thai</td>
<td>โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการความช่วยเหลือทางภาษาได้โดยไม่มีค่าใช้จ่าย โทร 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY: 711).</td>
</tr>
<tr>
<td>Urdu</td>
<td>توجه: أگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت مین دستیاب بیں۔ کال کریں 888-311-9127 (TTY: 711) (Swedish Edmonds 888-311-9178).</td>
</tr>
<tr>
<td>Ukrainian*</td>
<td>УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 888-311-9127 (Swedish Edmonds 888-311-9178) (телетайп: 711).</td>
</tr>
<tr>
<td>French</td>
<td>ATTENTION: Si vous parlez français, des services d’aide linguistique vous sont proposés gratuitement. Appelez le 888-311-9127 (Swedish Edmonds 888-311-9178) (ATS: 711).</td>
</tr>
<tr>
<td>Navajo</td>
<td>Díí baa akó ninžín: Díí saad beed yánílti’go Diné Bizaad, saad beed áká’ánída’ áwo’dééjí, t’áá jiik’eh, éí ná hóló, kójí hódiíłnih 1-888-311-9127, (Swedish Edmonds 888-311-9178) (TTY: 711).</td>
</tr>
<tr>
<td>Laotian</td>
<td>ຜ້ານວຍເຫັນ: ດຽວຄໍາບໍລິຫານກາງ, ທິດລະບໍລິການທີ່ຕ່ອຍເຫຼືອທາດໂດຍປະຊາຊາດຈະໃຊ້. ແທ້ 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY: 711).</td>
</tr>
<tr>
<td>Gujarati</td>
<td>સુચના: જો તમે ગુજ્જરાતી બોલતા હો, તો નીચેનું ભાષા સહાય સેવાઓ તમારા માટે ઉપયોગી છે. ફોન કરો 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY: 711).</td>
</tr>
<tr>
<td>Cushite*</td>
<td>XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY: 711).</td>
</tr>
<tr>
<td>Amharic*</td>
<td>ከሳን ተላልታጋ- የምርጋች በህግ ከማይታገድው ከምርጋች ከአለታታም፣ በአጋድ፣ የማርጋች ያላልታጋ፣ በ888-311-9127 (አለታታም ለማርጋች 888-311-9178) (ሱማማት ያለባቸው። 711) ያላልታጋሉ።</td>
</tr>
<tr>
<td>Romanian*</td>
<td>ATENŢIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY: 711).</td>
</tr>
<tr>
<td>Samoan*</td>
<td>MO LOU SILAFIA: Afaia e te tautala i le Gagana Samoa, o loo iai auaunaga fesoasoani, e leai se totogi mo oe, Telefoni mai i le: 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY:711)</td>
</tr>
<tr>
<td>Ilocano*</td>
<td>AGATENSION: No agsasaokayo iti Ilocano, dagiti serbisio para ti tulong iti pagsasao nga awan ti bayadan ket siaadda para kadakayo. Tawagan ti 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY: 711).</td>
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</tbody>
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**Italian**

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY: 711).

**Polish**

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY: 711).

**Norwegian**

MERK: Hvis du snakker norsk, er gratis språkassistansetjenester tilgjengelige for deg. Ring 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY: 711).

**Pennsylvania Dutch**


**Somali**

OGAYSIIS: Hadaa ku hadasho luuqada Soomaaliga, waxaa kuu diyaara caawisyo xaga luuqa daada oo ku bilaahsh ah Fadlan Wac taleefaankaan. 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY: 711).

**Tigrigna**

አስተውዕሉ በዚ ሁጽሪ 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY: 711) ይ። ምልጆን/አ።