

Your Information. Your Rights. Our Responsibilities.

Federal law protects the confidentiality of health information, including substance use disorder (SUD) patient records.

This notice describes:

- How health (medical) information about you may be used and disclosed,
- Your rights with respect to your health information, including how you can get access to this information, and
- How to file a complaint concerning a violation of the privacy or security of your health information or your rights concerning your information.

You have a right to a copy of this notice (in paper or electronic form) and to discuss it with Providence at 1-888-294-8455 or PHSSystemintegrity@providence.org.

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
- To request and obtain restrictions of disclosures to your health plan for those services for which you have paid in full
- Ask us to limit the information we use or share
- Get a list of those with whom we've shared information about you
- 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 information about you as we:

- Treat you
- Operate our organization
- Bill for your services
- Help with public health and safety issues
- Conduct 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 health information about you, you have certain rights.

This section explains your rights and some of our responsibilities to help you. To exercise any of these rights, please contact us through the contact information at the beginning of this notice.

Get a copy of your paper or electronic 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.
- We will provide a copy or a summary of health information about you, usually within 30 days of your request, unless a basis for denying access applies. We may charge a reasonable, cost-based fee for producing and transmitting the information to you.

Ask us to correct your paper or electronic medical record

- You can ask us to correct information about you that you think is incorrect or incomplete.
- 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 information you think is incomplete or inaccurate.

Request confidential communication

- 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 the information we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations. Other than as stated below, 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 health information about you

- You can ask for a list (accounting) of the times we’ve shared information about you 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 the information we maintain about you.
- 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 privacy rights have been violated

- You can complain if you feel we have violated your rights by contacting us through the contact information at the beginning 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 information about you 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 information about you 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 information about you if we believe it is in your best interest. We may also share information about you when needed to lessen a serious and imminent threat to health or safety.

In certain cases, we may *never* share information about you unless you give us written permission. Those cases are:

- Sharing for marketing purposes (to the extent that an activity is defined as “marketing” under relevant law)
- Sale of information about you (to the extent that the sharing of your information is defined as a “sale” under relevant law)
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us to not to contact you again. To opt out, please see the contact information at the beginning of this notice.

In the case of general communications:

- We may contact you about health care using the phone numbers and email addresses that you provide us. We may use automated phone dialing systems, pre-recorded or synthetic voice messages, texting or email. When we contact you in this manner, you will be given the opportunity to not receive, or opt-out of receiving, similar communications going forward. Our messages may include, but are not limited to, information about appointment reminders, discharge planning, billing, prescription reminders, research opportunities, our products and services, treatment alternatives, your general health, and regulatory notices. Because texts and emails that we send may not be encrypted, there is a risk that someone else could read or access these messages and we will take steps to limit the amount of your personal information that these messages contain. If you do not wish to receive these types of text or email messages, please let us know, and we will honor your request.

Our Uses and Disclosures

By law, we need to seek your authorization before using or sharing your personally identifiable health information, except when we need to use or share it for particular purposes. Those purposes include:

Treating you

We can use health information about you for purposes of treating you and we may share it with other professionals who are treating you or assisting with your treatment.

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

Operating our organization

We can use and share health information about you for health care operations purposes, including to operate and manage our organization.

Examples: We may use information about you to assess and improve the quality of our treatment services, to coordinate your care with other professionals, to provide customer service, and to raise funds for the benefit of our organization.

Billing for your services

We can use and share health information about you to bill and receive 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 health information about you 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 health information about you?

We are allowed or required to share information about you 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 information about you for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Helping with public health and safety issues

We can share 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

Facilitating optimal patient care through Health Information Exchange(s)

In the case of our participation in internal Health Information Exchange(s)(HIEs) and external HIE networks, which are groups of healthcare providers, insurers, and public health agencies whose sharing of patient information can improve the quality of patient care:

- We may share information about you electronically with members of these organizations. If we share substance use disorder information through an HIE, the entities receiving the information are prohibited from redisclosing it except as permitted by law.

- If you do not want us to share information that identifies you through HIEs, you can opt out at: <https://www.provshare.org/health-information-exchange/for-patients/> or by calling us toll-free at (833) 990-1900. If you opt out, your other health care providers may ask us for information about you in another way instead of accessing the information through the HIE.

Conducting research

We can use or share information about you for certain health research purposes.

Complying 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.

Responding to organ and tissue donation requests

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

Working with a medical examiner or funeral director

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

Addressing 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

Responding 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.

Obtaining assistance from service providers

We may disclose your health information to our service providers ("Business Associates") that perform services on our behalf that require them to have access to the information. All of our Business Associates must agree to, among other things: protect the privacy of your health information and use and disclose the information only to perform the services for which the Business Associate is engaged.

De-identified information

We may use health information about you to create de-identified information, which is

information that has gone through a rigorous process so that the risk that the information can identify you is very small.

Special Categories of Medical Information

We will follow federal and state laws that may offer additional protections beyond this notice regarding information about you such as those that are related to uses and disclosures of mental/behavioral health, drug and alcohol abuse, HIV tests and genetic testing information. Below we specifically describe how we may use and disclose information about you that we create or receive if you are treated in a substance use disorder program (SUD Program).

General substance disorder treatment information

If we receive or maintain any information about you from a SUD Program governed by the federal substance use disorder regulations ("SUD Rules") through a general consent that you provide for use and disclosure of your SUD Program records for purposes of treatment, payment or health care operations, we may use and disclose your SUD Program records for those purposes as described in this notice. If we receive or maintain your SUD Program records through a specific consent you provide to us or another third party, we will use and disclose your SUD Program records only as expressly permitted in that consent. In no event will we use or disclose your SUD Program records, or testimony that describes the information contained in your SUD Program records against you in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, unless (i) authorized by you or (ii) as ordered by a court after you are provided notice of the court order.

Confidentiality of substance use disorder patient records

We provide SUD Programs in some of our facilities. SUD patient records maintained by the SUD Programs are protected by special provisions of Federal law. The information below is provided for patients in SUD Programs, as a supplement to the other sections of this notice applicable to all of our patients.

The information in this section is applicable to SUD treatment information and does not apply to information related to care that you may receive outside of a SUD program, such as substance abuse screening that may be performed in an emergency department or by your primary care physician.

How we may use and share your SUD treatment information

We will share your SUD treatment information with our staff as needed to provide care to you or to bill you for services. Generally, we may not say to a person outside the SUD Programs that you attend a SUD Program, or disclose any information identifying you as having or having had a substance disorder except in the circumstances described below:

Instances where we may share your SUD treatment information without your consent:

- To medical personnel in a medical emergency

- To a qualified service organization providing services on our behalf who agree in writing to protect the information the same way that we are required to protect your information
- To law enforcement to report a crime you commit, or threaten to commit, in our facility or against our personnel
- To child protective services to report suspected child abuse and neglect as required by state law
- To qualified personnel for research
- To qualified personnel for audit or program evaluation
- **As allowed by a court order and that order includes a subpoena or other legal mandate that we share your information. We will not share records, or testimony about your SUD Program treatment, in any civil, administrative, criminal or legislative proceeding against you unless there is specific written consent by you or a court order. If there is a court order we must let you know and provide you with an opportunity to object.**

In all other circumstances, we may not share your SUD treatment information (outside of our SUD Program) without your written consent. Instances in which you might wish to provide such consent include:

- When you would like us to share your SUD treatment information for broad research purposes.
- When you would like to authorize sharing of your SUD treatment information for all future treatment, payment, and health care operations purposes. Organizations who would receive your information for these purposes are required by law or contract to protect your information as required by Federal Law. **If you consent to our sharing your information, you can change your mind and ask us not to at any time by letting us know in writing. Once we received your written notice that you are withdrawing your consent, we will stop any sharing of your information that would require the consent. Your withdrawal of the consent, however, will not invalidate disclosures we have already made in reliance on the consent before receiving your notice of withdrawal.**

Your rights as a patient in a SUD program

You have certain rights as a patient in a SUD program that are in addition to the rights described generally in this notice.

- If you pay for a service or health care item out-of-pocket in full, you can require us not to share that information with your health plan.
- You have a right to request and receive an accounting of disclosures made by a SUD Program based on your consent, for up to 3 years prior to the date of the accounting. In addition, if you provided consent to share your information for treatment through an electronic health information exchange (HIE), care management organization, or other intermediary, you have the right to obtain a list of disclosures by the intermediary for the

past 3 years.

You have a right to elect not to receive fundraising communications before we send them to you. To opt out, please see the contact information at the beginning of this notice.

State-Specific Requirements

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

Our Responsibilities

- We are required by law to maintain the privacy and security of health information about you.
- We will let you know promptly if a breach occurs that is likely to have compromised the privacy or security of information about you.
- We must follow the duties and privacy practices described in this notice.
- We will not use or share information about you other than as described here unless you tell provide your written consent. If you provide such written consent, you may withdraw it at any time by writing to us at the address provided at the end of this notice. Please note that if you authorize us to share health information about you with certain persons or entities, those persons/entities may not be subject to the same privacy regulations that apply to us, and might re-disclose the information.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

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

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, or otherwise affiliated with 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/>.

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

1801 Lind Avenue SW, Suite 9016
Renton, WA 98057-9016

English text being translated:

ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

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Providence (AK/CA/MT/OR/WA)/Kadlec/PacMed Translated Taglines:

Español (Spanish)	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-311-9127 (TTY: 711).
繁體中文 (Chinese)	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)
Tiếng Việt (Vietnamese)	CHÚ Ý: Nếu bạn nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn dành cho bạn. Gọi số 888-311-9127 (TTY: 711).
Tagalog (Tagalog – Filipino)	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 888-311-9127 (TTY: 711).
(Korean)	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 888-311-9127 (TTY: 711) 번으로 전화해 주십시오
Русский (Russian)	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 888-311-9127 (телетайп: 711).
Հայերեն (Armenian)	ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, ապա ձեզ կարող են տրամադրվել լեզվական աջակցության անվճար ծառայություններ: Չանգահարեք 888-311-9127 (հեռախոյ) (TTY)՝ 711.
العربية (Arabic)	يُرجى الانتباه: إذا كنتم تتكلمون اللغة العربية، فأعلموا أن خدمات المساعدة اللغوية متوفرة مجاناً لكم. اتصلوا برقم الهاتف 1-888-311-9127 (أو بخط المبرقة الكاتبة TTY لضعاف السمع والنطق على الرقم 711).
فارسی (Farsi) Persian (Farsi)	توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با شماره 888-311-9127 (TTY:711) تماس بگیرید.
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。888-311-9127 (TTY:711) まで、お電話にてご連絡ください。
ਪੰਜਾਬੀ (Punjabi) Panjabi*	ਧਿਆਨ ਖੋਲ੍ਹੋ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਪਿਛੋੜੇ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 888-311-9127 (TTY: 711) ਤੇ ਕਾਲ ਕਰੋ।
ខ្មែរ (Cambodian) Mon-Khmer, Cambodian	សូមចំណាំ: ប្រសិនបើ អ្នក កាន់ ភាសា ខ្មែរ ឬ ភាសា ម៉ុង-ខ្មែរ អ្នក អាច ទទួលបាន ការ ជំនួយ ភាសា ឥត គិត ថ្លៃ សេរី ឥត គិត ថ្លៃ 888-311-9127 (TTY: 711)។
हिंदी (Hindi)	ध्यान दें यह आप हिंदी बोलते हों आपके लिए मुफ्त म्भाषा सहायता सेवाएं उपलब्ध हैं 888-311-9127 (TTY: 711) पर कॉल करें

Hmoob (Hmong)	LUS CEEV: Yog tias koj hais lus Hmoob, koj tuaj yeem siv cov kev pab txhais lus pub dawb. Hu rau 888-311-9127 (TTY: 711).
ภาษาไทย (Thai)	โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการความช่วยเหลือทางภาษาได้โดยไม่มีค่าใช้จ่าย โทร 888-311-9127 (TTY: 711)
Deutsch (German)	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 888-311-9127 (TTY: 711).
اردو (Urdu)	توجہ: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 888-311-9127 (TTY: 711)
Українська (Ukrainian) Ukrainian*	УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 888-311-9127 (телетайп: 711).
Français (French)	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 888-311-9127 (ATS: 711).
Diné Bizaad (Navajo)	Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad , saad bee áká'ánída' áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíłnih 1-888-311-9127 (TTY: 711.)
ພາສາລາວ (Lao) Laotian	ໝາຍເຫດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ພ້ອມດ້ວຍພາສາໂດຍບໍ່ເສຍຄ່າໃຫ້ແກ່ທ່ານ. ຈື່ງ ຈາບ 888-311-9127 (TTY: 711).
ગુજરાતી (Gujarati)	સુચના: જો તમે ગુજરાતી બોલતા છો, તો િન:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 888-311-9127 (TTY: 711).
Cushite*	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 888-311-9127 (TTY: 711).
አማርኛ (Amharic) Amharic*	ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግኙዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 888-311-9127 (መስማት ለተሳናቸው: 711)
Română (Romanian) Romanian*	ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 888-311-9127 (TTY: 711).
Gagana fa'a Sāmoa (Samoan) Samoan*	MO LOU SILAFIA: Afai 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 (TTY:711)
Ilokano (Ilocano) 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).
Italiano (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).
Polski (Polish)	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 888-311-9127 (TTY: 711).
Norsk (Norwegian) Norwegian*	MERK: Hvis du snakker norsk, er gratis språkassistentsetjenester tilgjengelige for deg. Ring 888-311-9127 (TTY: 711).
Deutsch (Pennsylvania Dutch)	Wann du schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 888-311-9127 (TTY: 711).
American Sign Language	 

Translated Taglines

Español (Spanish)	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-311-9127 (TTY: 711).
繁體中文 (Chinese)	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)
Tiếng Việt (Vietnamese)	CHÚ Ý: Nếu bạn nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn dành cho bạn. Gọi số 888-311-9127 (TTY: 711).
Tagalog (Tagalog – Filipino)	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 888-311-9127 (TTY: 711).
(Korean)	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 888-311-9127 (TTY: 711) 번으로 전화해 주십시오
Русский (Russian)	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 888-311-9127 (телетайп: 711).
Հայերեն (Armenian)	ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, ապա ձեզ կարող են տրամադրվել լեզվական աջակցության անվճար ծառայություններ: Չանգահարեք 888-311-9127 (հեռախոյ (TTY) 711).
العربية (Arabic)	يُرجى الانتباه: إذا كنتم تتكلمون اللغة العربية، فأعلموا أن خدمات المساعدة اللغوية متوفرة مجاناً لكم. اتصلوا برقم الهاتف 888-311-9127 [أو برقم الهاتف 888-311-9178 عند الاتصال بالمركز الطبي السويدي في إدموندز (Edmonds (Swedish)] (أو بخط المبرقة الكاتبة TTY لضعاف السمع والنطق على الرقم 711).
فارسی (Farsi) Persian (Farsi)	توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با شماره 888-311-9127 (TTY:711) تماس بگیرید.
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。888-311-9127 (TTY:711) まで、お電話にてご連絡ください。
ਪੰਜਾਬੀ (Punjabi) Panjabi*	ਧਿਆਨ ਿਧਰ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਬਾਮਨਾ ਧਿਵਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 888-311-9127 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।
ខ្មែរ (Cambodian) Mon-Khmer, Cambodian	សូមចំណាំ: ប្រសិនបើលោកអ្នកនិយាយខ្មែរ ឬខ្មែរ-ម៉ុងខ្មែរ លោកអ្នកអាចទទួលបានសេវាជំនួយភាសាឥតគិតថ្លៃបាន។ 888-311-9127 (TTY: 711)។
हिंदी (Hindi)	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएं उपलब्ध हैं। 888-311-9127 (TTY: 711) पर कॉल करें।
Hmoob (Hmong)	LUS CEEV: Yog tias koj hais lus Hmoob, koj tuaj yeem siv cov kev pab txhais lus pub dawb. Hu rau 888-311-9127 (TTY: 711).
ภาษาไทย (Thai)	โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการความช่วยเหลือ ทางภาษาได้โดยไม่มีค่าใช้จ่าย โทร 888-311-9127 (TTY: 711)
Deutsch (German)	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 888-311-9127 (TTY: 711).

اُردو (Urdu)	توجہ: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 888-311-9127 (TTY: 711)۔
Українська (Ukrainian) Ukrainian*	УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 888-311-9127 (телетайп: 711).
Français (French)	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 888-311-9127 (ATS: 711).
Diné Bizaad (Navajo)	Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad , saad bee áká'ánída' áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíílnih 1-888-311-9127 (TTY: 711.)
ພາສາລາວ (Lao) Laotian	ໝາຍເຫດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ພວກເຮົາ ຈຶ່ງອອດ້າງພາສາໂດຍບໍ່ເສຍຄ່າໃຫ້ແກ່ທ່ານ. 888-311-9127 (TTY: 711).
ગુજરાતી (Gujarati)	સુચના: જો તમે ગુજરાતી બોલતા છો, તો િન:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 888-311-9127 (TTY: 711).
Cushite*	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 888-311-9127 (TTY: 711).
አማርኛ (Amharic) Amharic*	ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 888-311-9127 (መስማት ለተሳናቸው: 711)
Română (Romanian) Romanian*	ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 888-311-9127 (TTY: 711).
Gagana fa'a Sāmoa (Samoan) Samoan*	MO LOU SILAFIA: Afai 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 (TTY:711)
Ilokano (Ilocano) 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).
Italiano (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).
Polski (Polish)	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 888-311-9127 (TTY: 711).
Norsk (Norwegian) Norwegian*	MERK: Hvis du snakker norsk, er gratis språkassistentetjenester tilgjengelige for deg. Ring 888-311-9127 (TTY: 711).
Deutsch (Pennsylvania Dutch)	Wann du schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 888-311-9127 (TTY: 711).
Somali	OGAYSIIS: Hadaa ku hadasho luuqada Soomaaliga, waxaa kuu diyaara caawisyo xaga luuqa daada oo kuu bilaahsh ah Fadlan Wac taleefaankaan. 888-311-9127 (TTY: 711)
Tigrigna / Tigrinya	አትተንትኡን: እኛ ዮኡስ ስጴጵኣኽ ትግርኛያ፣ ለንጉሳገ አስሰስታንጭኤ ሰርቪጭስ፣ ፍረኦ ኦፍ ቻርግ፣ ኦሪ ኣሽላብላ ቶ ዮኡ። ጭልል: 1-888-311-9127 (ትትይ: 711)

Texas Translated Taglines

Español (Spanish)	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-311-9127 (TTY: 711).
Tiếng Việt (Vietnamese)	CHÚ Ý: Nếu bạn nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn dành cho bạn. Gọi số 888-311-9127 (TTY: 711).
繁體中文 (Chinese)	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)
(Korean)	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 888-311-9127 (TTY: 711) 번으로 전화해 주십시오
العربية (Arabic)	يُرجى الانتباه: إذا كنتم تتكلمون اللغة العربية، فأعلموا أن خدمات المساعدة اللغوية متوفرة مجاناً لكم. لضعاف السمع والنطق على TTY (أو بخط المبرقة الكاتبة 888-311-9127-اتصلوا برقم الهاتف الرقم 711).
اُردو (Urdu)	توجہ: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں (TTY: 711)
Tagalog (Tagalog – Filipino)	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 888-311-9127 (TTY: 711).
Français (French)	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 888-311-9127 (ATS: 711).
िंहदी (Hindi)	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए मुफ्त मभाषा सहायता सेवाएं उपलब्ध हैं। 888-311-9127 (TTY: 711) पर कॉल करें
(Persian) فارسی	توجه: اگر صحبت از خدمات کمک به زبان فارسی به صورت رایگان است، در دسترس شماست. صدا 888-311-9127 (TTY: 711) زدن
Deutsch (German)	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 888-311-9127 (TTY: 711).
ગુજરાતી (Gujarati)	સુચના: જો તમે ગુજરાતી બોલતા હો, તો િન:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 888-311-9127 (TTY: 711).
Русский (Russian)	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 888-311-9127 (телетайп: 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。888-311-9127 (TTY:711) まで、お電話にてご連絡ください。
ພາສາລາວ (Lao) Laotian	ໝາຍເຫດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ພວກເຮົາ ເໝືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າໃຫ້ແກ່ທ່ານ. 888-311-9127 (TTY: 711).
American Sign Language	 

New Mexico Translated Taglines

Español (Spanish)	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-311-9127 (TTY: 711).
Diné Bizaad (Navajo)	Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad , saad bee áká'ánída' áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódílnih 1-888-311-9127 (TTY: 711.)
Tiếng Việt (Vietnamese)	CHÚ Ý: Nếu bạn nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn dành cho bạn. Gọi số 888-311-9127 (TTY: 711).
Deutsch (German)	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 888-311-9127 (TTY: 711).
繁體中文 (Chinese)	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)
العربية (Arabic)	يُرجى الانتباه: إذا كنتم تتكلمون اللغة العربية، فأعلموا أن خدمات المساعدة اللغوية متوفرة مجاناً لكم. لضعاف السمع والنطق على TTY (أو بخط المبرقة الكاتبة 1-888-311-9127 اتصلوا برقم الهاتف الرقم 711).
(Korean)	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 888-311-9127 (TTY: 711) 번으로 전화해 주십시오
Tagalog (Tagalog - Filipino)	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 888-311-9127 (TTY: 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。888-311-9127 (TTY:711) まで、お電話にてご連絡ください。
Français (French)	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 888-311-9127 (ATS: 711).
Italiano (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).
Русский (Russian)	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 888-311-9127 (телетайп: 711).
हिंदी (Hindi)	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए मुफ्त मूल्यांकन सहायता सेवाएं उपलब्ध हैं। 888-311-9127 (TTY: 711) पर कॉल करें
(Persian) فارسی	توجه: اگر صحبت از خدمات کمک به زبان فارسی به صورت رایگان است، در دسترس شماست. صدا 888-311-9127 (TTY: 711) زدن
ภาษาไทย (Thai)	โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการความช่วยเหลือทางภาษาได้โดยไม่มีค่าใช้จ่าย โทร 888-311-9127 (TTY: 711)
American Sign Language	 