



**Thank you for choosing HealthPartners coverage – we're so happy to have you with us!**

Every year, HealthPartners is legally required to provide members with important information about their health plan. Some of the information is included in this booklet, but all of it can be found online at [healthpartners.com/importantinfo](https://healthpartners.com/importantinfo). Bookmark this link to find answers about your health plan and learn more about HealthPartners.

The following information is available in this booklet:

- Notice of Privacy Practices (NPP)
- Important information available online
- Provider reimbursement information
- Statement of Nondiscrimination
- Information on health care directives

If you would like to receive this information in print, please contact Member Services at the number on the back of your Member ID card.

Free interpreter services are available if you do not speak English.

There's other helpful information at [healthpartners.com](https://healthpartners.com) to help you with decisions about care and coverage:

- Clinical guidelines including preventive care
- Information about networks, formularies and coverage policies
- Cost information and calculators

# Your information. Your rights. Our responsibilities.

## Notice of Privacy Practices for organizations that are part of HealthPartners.

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Effective Nov. 17, 2018.

### Summary

Our mission is to improve health and well-being in partnership with our members, patients and community. We want you to feel supported and informed in your care and coverage. This includes explaining how we use and manage your information, and your rights and choices related to that information.

Privacy is a complicated subject. We know it can be confusing, especially as different state and federal laws come into play. We honor the trust you place in us by choosing us for your treatment, care and coverage. We hope this summary of your rights and choices, and our responsibilities for how we use and share your information, helps you understand how we follow the law and honor your trust.

### Your information

In this notice, when we use “your information” we’re referring to information that identifies you, as a current or former health plan member, and relates to your health or condition, your health care services, payment or coverage for those services. It includes claims and coverage information, and health information, like diagnoses and services you received. It includes demographic information like your name, address, phone number and date of birth. It includes information that comes from you or results from you doing business with us, our affiliates or others, such as enrollment, prior approvals, referrals, coverage determinations, claims and payment information.

If you are a member of a self-insured plan offered through your employer, most of the information about your health plan’s privacy practices will come to you through your employer. Please check with your employer to find that information. As a self-insured member, not all of this notice will apply to you. But if your self-insured plan is administered by HealthPartners Administrators, Inc., certain parts of this notice apply to how your plan is administered by HealthPartners – in particular, the information about:

- “Your information”
- How we safeguard your information (under “Our Responsibilities”)
- Market research (under “Your Choices”)
- “To administer your plan” (under “How do we typically use and share your information?”)

### Your rights as a health plan member

#### **When it comes to your information and privacy, you have important rights under state and federal law.**

This section explains those rights. Ask us about them and we’ll explain the process, including if you need to put your request in writing.

#### **You have the right to:**

##### **Get an electronic or paper copy of your information**

- You can ask to see or get an electronic or paper copy of your information.
- We’ll provide a copy or a summary of your information as quickly as possible.
- If there are records that we can’t share or if we limit access, we’ll help you understand why.

##### **Ask us to correct your information**

- You can ask us to correct your information if you tell us why you think it’s incorrect or incomplete.
- We may say no to your request, but we’ll tell you why in writing as quickly as possible. In that case, you can ask us to keep a copy of your disagreement (a written statement you provide to us) with your records.

##### **Ask us to limit what we use or share**

- You can ask us not to use or share your information. We’ll always consider your request, but we may say no if it would affect our ability to provide care or service to you, or if we are unable to make the change in our systems.

##### **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’ll do our best to meet your needs. We must agree to your request if you tell us you would be in danger if we do not.

### **Get a list of who has received your information**

- You can ask for a list (an “accounting”) of the times we’ve shared your information with outside organizations or individuals, who we shared it with and why.
- We’ll include all the times we’ve shared your information, except for when it was about your treatment, payment for your treatment or health care operations, and certain other times when we’ve released your information (such as if you asked us to share it and releases we’ve already told you about).

### **Get a copy of this notice**

- You can ask for a paper copy of this notice at any time. We’ll provide it right away.
- This notice is also available on **healthpartners.com**.

### **File a complaint if you feel your privacy rights have been violated**

- You can complain directly to us if you feel we’ve violated your privacy rights. Contact us using the information on the last page of this notice.
- You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. Find contact information at **hhs.gov/ocr/privacy/hipaa/complaints**.
- We won’t act against you for making a complaint.

### **Your choices**

**In some situations, you have additional choices about how we use and share your information.** If you have a preference in the situations described below, let us know. Tell us what you want us to do, and we’ll follow your instructions while following the law.

#### **You can tell us *not* to:**

- Share your information with your family, close friends or others involved in your care or payment for your care.
- Contact you to raise money to support our mission.
- Share your information with others for health research. (We can still use your information for our own research as long as we follow the law.)
- Share your information with market researchers that contract with us but are not affiliated with us. If you want to opt out, you can fill out the form at **healthpartners.com/optout**, or call Member Services at the number on the back of your Member ID card. You could still be contacted directly by HealthPartners or its affiliates for market research; or by others if we are required by law or for accreditation purposes to conduct member satisfaction or quality surveys.

### **We must get your written permission *before* we:**

- Use or share your information to market another organization’s products or services.
- Use or share your information to market our own products or services, if another organization is paying us to do it or if the products or services are not health-related.
- Sell or rent your information to another organization.

### **Our responsibilities**

We protect your information because your privacy is important to us, and because it’s the law.

- We must follow the responsibilities and privacy practices described in this notice.
- We must make this notice available to you when you become a member and must post it online at **healthpartners.com**.
- We can change this notice, and the changes will apply to all information we have about you. If we make significant changes, we’ll post the new notice online and mail information to you.
- We’ll let you know quickly if a breach (unauthorized use or sharing) occurs that may have put the privacy of your information at risk.
- We won’t use or share your information except as covered in this notice, unless you tell us we can in writing. You may change your mind at any time. Let us know in writing if you change your mind.
- When the law requires us to get your permission in writing before we use or share your information, we’ll do so.
- We will not use your genetic information to decide whether we will give you coverage and the price of that coverage.
- We safeguard your information. We allow access to your information by our staff and others, but only to the extent they need that information to administer your health plan and benefits, comply with legal or accreditation requirements, or as otherwise allowed by law. We maintain physical, electronic and administrative safeguards designed to protect your information and prevent unauthorized access.

### **How do we typically use and share your information?**

We typically use and share your information in the following ways:

#### **To treat you (treatment)**

We use and share your information for your treatment, and to create a safe and more coordinated care experience for you.

*Example: Your doctor sends us information about your diagnosis and treatment plan so we can help arrange for additional services.*

Please note that we don't need your permission to share your information in a medical emergency if you can't give us permission due to your condition. Also, the organizations covered by this notice don't need your permission to share your information with each other, as long as it's for a permitted purpose.

#### **To pay for your services (payment)**

We can use and share your information to pay providers and others for care that you receive.

*Example: We may contact your providers to coordinate your benefits and to confirm eligibility and coverage.*

#### **To run our organization (health care operations)**

We use and share your information to improve the quality of your care and experience, and to manage our operations.

*Example: We use and disclose your information to tell you about plan benefits, treatment alternatives or health-related products and services.*

#### **To administer your plan**

As a health plan providing fully insured benefits to a group health plan, or helping administer the benefits of a self-insured group health plan, we may, if requested, share limited information with the sponsor of your group health plan, for plan administration purposes, if certain privacy requirements are met.

*Example: For a fully insured plan, we may share certain statistics with your employer to explain the premiums we charge.*

We may share your information with our affiliates (also known as related organizations) that help us administer and manage our health plan. We may also share your information with nonaffiliated (non-related) third parties with whom we contract to provide certain products or services on our behalf. We usually call them "business associates." Business associates are required by law to safeguard your information the same way we do. Some of the functions that business associates perform on our behalf include case management services and certain payment activities. We may also share your personal information with other third parties, including regulatory authorities, government agencies or law enforcement, as allowed or required by law.

### **How else do we use or share your information?**

We're allowed or required to share your information in other ways that relate to public health and legal activities.

We have to meet many conditions in the law before we can share your information for these purposes.

- **Follow the law**

We use or share your information if state or federal law requires it.

- **Help with public health and safety issues**

We share your information with public health authorities or other authorized agencies in certain situations, such as to:

- Prevent disease
- Help with product recalls
- Report adverse reactions to medications
- Report suspected abuse, neglect, domestic violence or crimes in our care locations
- Prevent or reduce a serious threat to anyone's health or safety
- Help with health system oversight, such as audits or investigations
- Comply with special government functions such as military, national security, presidential protective services and disclosures to correctional facilities.

- **Respond to organ and tissue donation requests**

We use and share your information to help with organ or tissue donation.

- **Work with a medical examiner or funeral director**

We share your information with a coroner, medical examiner or funeral director.

- **Handle workers' compensation**

We use and share your information for your workers' compensation claims.

- **Respond to lawsuits and legal actions**

We can use and share your information for legal actions, or in response to a court or administrative order, or other lawful process. We can share your information with authorized law enforcement officials.

- **With your written permission**

If we want to use or share your information in a way not covered in this notice, we're required to get your written permission first.

### **For more information, questions or complaints**

You may get more information about our health plan privacy practices and your privacy rights by calling HealthPartners Member Services at the number on the back of your Member ID card. You can also find that information online at **healthpartners.com**. You can also contact the HealthPartners Integrity and Compliance Hotline at **866-444-3493**.

## Opt-out form

If you want to opt out of disclosure of information about you or other members covered under your contract, please complete this form. To indicate an opt-out on behalf of other members, please provide the name and member number of each person to whom this request will apply. If necessary, include additional names and member numbers on a separate piece of paper. Send the completed form to the address listed below. If you have previously submitted an opt-out request, you do not need to send us another form. Your decision will remain in effect until you notify us in writing that you wish to revoke your opt-out instructions.

### I choose to opt out of information sharing with nonaffiliated parties for

- ☐ Market research
- ☐ Health research

Name \_\_\_\_\_

Member number \_\_\_\_\_

Please give us a telephone number where we can contact you if we have questions about your opt-out form or need to confirm any information.

Telephone number \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Mail this form to:

HealthPartners Membership Accounting  
P.O. Box 297  
Minneapolis, MN 55440-0297

**You only need to return this form if you choose to opt out.**

## Are you also a HealthPartners patient?

Please talk to us at your place of care if you have any questions about our care delivery privacy practices. You can also contact us by phone: HealthPartners Integrity and Compliance Hotline at **866-444-3493**.

If you are enrolled in a self-funded plan sponsored by your employer, your Notice of Privacy Practices (NPP) is made available to you by your employer group health plan. Please contact your Human Resources/Benefits department or check your employer's website for your NPP.

## Provider reimbursement information for medical and dental plans

Our goal in reimbursing providers is to provide affordable care for our members while encouraging quality care through best care practices and rewarding providers for meeting the needs of our members. Several different types of reimbursement arrangements are used with providers. All are designed to achieve that goal.

- **Fee-for-service** – Some medical and dental providers are paid on a “fee-for-service” basis, which means that the health plan pays the provider a certain set amount that corresponds to each type of service furnished by the provider.
- **Discount** – Some medical and dental providers are paid on a “discount” basis, which means that when a provider sends us a bill, we have negotiated a reduced rate on behalf of our members. We pay a predetermined percentage of the total bill for services.
- **Salary** – Some dental providers are paid a salary, with a possible additional payment made based on performance criteria, such as quality of care and patient satisfaction measures.
- **Capitated** – Some dental providers are paid on a “capitated” basis, which means that the provider group receives a set fee each month for each member enrolled in the provider group’s clinic, regardless of how many or what type of services the member actually receives. Provider groups are, therefore, required to manage the budget for their entire patient panel appropriately.
- **Case Rate** – Sometimes we have “case rate” arrangements with medical providers, which means that for a selected set of services the provider receives a set fee, or a “case rate,” for services needed up to an agreed upon maximum amount of services for a designated period of time. Alternatively, we may pay a “case rate” to a provider for all of the selected set of services needed during an agreed upon period of time.
- **Withhold Arrangements** – Sometimes we use withhold arrangements as part of medical provider payments, which means that a portion of the provider’s payment is set aside until the end of the year. The year-end reconciliation can happen in a variety of ways. The provider usually receives all or a portion of the withhold based on performance of agreed upon criteria, which may include patient satisfaction levels, quality of care and/or care management measures. Withhold payment arrangements may apply to primary care, specialty or hospital providers.

- **Diagnosis** – Some medical providers — usually hospitals — are paid on the basis of the diagnosis that they are treating; in other words, they are paid a set fee to treat certain kinds of conditions. Sometimes we pay hospitals and other institutional providers a set fee, or “per diem,” according to the number of days the patient spent in the facility.
- **APCs** – Some medical providers — usually hospitals — are paid according to Ambulatory Payment Classifications (APCs) for outpatient services. This means that we have negotiated a payment level based on the resources and intensity of the services provided. In other words, hospitals are paid a set fee for certain kinds of services and that set fee is based on the resources utilized to provide that service.
- **Total Cost of Care** – Some medical providers — usually primary care medical groups — are paid based on how well they manage the total cost of care associated with a patient, as well as how well they manage the patient experience and the quality of care provided.

Occasionally our reimbursement arrangements with providers include some combination of the methods described above. For example, we may pay a case rate to a provider for a selected set of services needed during an agreed upon period of time, or for services needed up to an agreed upon maximum amount of services and pay that same provider on a fee-for-service basis for services that are not provided within the time period or that exceed the maximum amount of services. In addition, although we may pay a provider, such as a medical clinic, using one type of reimbursement method, that clinic may pay its employed providers using another reimbursement method.

Check with your individual provider if you wish to know the basis on which he or she is paid.

## Information about health care directives

State law allows you to inform others of your health care wishes. You can put your wishes or appoint an agent in writing so others know what you want if you can't tell them because of illness or injury. Learn more at <https://www.health.state.mn.us/facilities/regulation/infobulletins/advdir.html> or by contacting the Senior LinkAge Line® at **1-800-333-2433**.

### Our organization

This notice applies to all our organizations and providers\*: Amery Hospital & Clinic, Capitol View Transitional Care Center, Group Health Plan, HealthPartners Administrators (as the administrator of self-insured health plans), HealthPartners Central Minnesota Clinic, HealthPartners Dental Group and Clinics (including Three Rivers Dental Care and Three Rivers Orthodontics), HealthPartners Hospice and Palliative Care, HealthPartners Insurance Company, HealthPartners Medical Group and Clinics, Hector Clinic, Hudson Hospital & Clinic, Hutchinson Health, Lakeview Hospital, North Suburban Family Physicians, Olivia Hospital & Clinic, Park Nicollet Clinic, Park Nicollet Health Care Products, Park Nicollet Melrose Center, Park Nicollet Methodist Hospital, Physicians Neck & Back Center, Regions Hospital, Renville Clinic, RHSC, Riverway Clinic, Stillwater Medical Group and Clinics, TRIA Orthopedic Center, Virtuwel®, Westfields Hospital & Clinic. Medical Staff who provide services at any of the organizations on this list. Specialty programs and services provided by any of the organizations on this list, Independent providers or contractors who participate in our hospitals' organized health care arrangements.

*\* This list may change from time to time, as our organization changes and grows. We will update the list in the notice that is posted on [healthpartners.com](https://www.healthpartners.com).*

## Get important information online

When you log on to your *myHealthPartners* account at **healthpartners.com**, you'll find great information about your health plan. Not only can you search for a doctor in your network and find useful health tips, but you can also find information about:

- Your health insurance benefits – what's included and excluded from your coverage
- What medicines are covered on your formulary
- How much money you owe after visiting the doctor
- How your benefits work if you see an out-of-network doctor and how to get care if you're out of the typical coverage area
- How to submit a claim
- How to find information about doctors in your network
- Where to get care 24/7
- How to get primary, emergency, hospital, behavioral health or specialty care
- How to share comments and complaints with HealthPartners
- How to access utilization management staff to discuss a coverage decision
- How to appeal a decision that affects your coverage, benefits or relationship with HealthPartners
- How HealthPartners decides if a new procedure or technology should be covered
- Your rights and responsibilities as a HealthPartners member
- How to report suspected fraudulent activity

If you'd like to receive this information in print, please call Member Services at the number on the back of your member ID card (TTY users should call **711**). Free interpreter services are available if you do not speak English.

## Statement of Nondiscrimination for health plan members

### OUR RESPONSIBILITIES

We follow Federal civil rights laws. We do not discriminate on the basis of race, color, national origin, age, disability or sex. We do not exclude people or treat them differently because of their race, color, national origin, age, disability or sex, including gender identity.

#### We help people with disabilities to communicate with us. This help is free. It includes:

- Qualified sign language interpreters
- Written information in other formats, such as large print, audio and accessible electronic formats

#### We provide services for people who do not speak English or who are not comfortable speaking English. These services are free. They include:

- Qualified interpreters
- Information written in other languages

#### For language or communication help:

Call **800-883-2177** if you need language or other communication help. (TTY: 711)

#### If you have questions about our non discrimination policy:

Contact the Civil Rights Coordinator at **1-844-363-8732** or **integrityandcompliance@healthpartners.com**.

#### To file a grievance:

If you believe that we have not provided these services or have discriminated against you because of your race, color, national origin, age, disability or sex, you can file a grievance by contacting the Civil Rights Coordinator at **1-844-363-8732**, **integrityandcompliance@healthpartners.com** or Civil Rights Coordinator, Office of Integrity and Compliance, MS 21103K, 8170 33rd Ave. S., Bloomington, MN 55425.

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

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

<b>Español (Spanish)</b> ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-883-2177. (TTY: 711)	<b>ພາສາລາວ (Laotian)</b> ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-883-2177. (TTY: 711)
<b>Hmoob (Hmong)</b> LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-883-2177. (TTY: 711)	<b>Deutsch (German)</b> ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-883-2177. (TTY: 711)
<b>Tiếng Việt (Vietnamese)</b> CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-883-2177. (TTY: 711)	<b>العربية (Arabic)</b> ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-883-2177 (رقم هاتف الصم والبكم: 711)
<b>繁體中文 (Chinese)</b> 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-883-2177. (TTY: 711)	<b>Français (French)</b> ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-883-2177. (ATS: 711)
<b>Русский (Russian)</b> ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-883-2177. (телетайп: 711)	<b>한국어 (Korean)</b> 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-883-2177. (TTY: 711)

<p>Af Soomaali (Somali)</p> <p>OGAYSIS: Haddii aad ku hadasho afka soomaaliga, Waxaa kuu diyaar ah caawimaad xagga luqadda ah oo bilaash ah. Fadlan soo wac 1-800-883-2177. (TTY: 711)</p>	<p>Tagalog (Tagalog)</p> <p>PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-883-2177. (TTY: 711)</p>
<p>Oromiffa (Cushite [Oromo])</p> <p>XIYYEEFFANNAA: Afaan dubbattu Oromiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-883-2177. (TTY: 711)</p>	<p>Italiano (Italian)</p> <p>ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-883-2177. (TTY: 711)</p>
<p>አማርኛ (Amharic)</p> <p>ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-800-883-2177. (መስማት ለተሳናቸው፡ 711)</p>	<p>ภาษาไทย (Thai)</p> <p>เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-883-2177. (TTY: 711)</p>
<p>unD (Karen)</p> <p>ဟံသူဂ်ဟံသး- နမ့်ကတိ ကညိ ကျိအသိ, နမ့်န့ ကျိအတံမတေလေ တလံာ်ဘုဂ်လံာ်စု နီတမံဘုဂ်သုန့လိ. ကိး 1-800-883-2177. (TTY: 711)</p>	<p>ελληνικά (Greek)</p> <p>ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-883-2177. (TTY: 711)</p>
<p>ខ្មែរ (Mon-Khmer, Cambodian)</p> <p>ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់បម្រើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-883-2177. (TTY: 711)</p>	<p>Diné Bizaad (Navajo)</p> <p>Díí baa akó nínízin: Díí saad bee yánílti'go <b>Diné Bizaad</b>, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíílnih 1-800-883-2177. (TTY: 711)</p>
<p>Deutsch (Pennsylvanian Dutch)</p> <p>Wann du Deutsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-883-2177. (TTY: 711)</p>	<p>Ikirundi (Bantu – Kirundi)</p> <p>ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-800-883-2177. (TTY: 711)</p>
<p>Polski (Polish)</p> <p>UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-883-2177. (TTY: 711)</p>	<p>Kiswahili (Swahili)</p> <p>KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-800-883-2177. (TTY: 711)</p>
<p>हिंदी (Hindi)</p> <p>ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-883-2177. (TTY: 711)</p>	<p>日本語 (Japanese)</p> <p>注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-883-2177 (TTY: 711) まで、お電話にてご連絡ください。</p>
<p>Shqip (Albanian)</p> <p>KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-883-2177. (TTY: 711)</p>	<p>नेपाली (Nepali)</p> <p>ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-883-2177 (टिडिवाइ: 711)</p>
<p>Srpsko-hrvatski (Serbo-Croatian)</p> <p>OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-883-2177. (TTY: 711)</p>	<p>Norsk (Norwegian)</p> <p>MERK: Hvis du snakker norsk, er gratis språkassistansetjenester tilgjengelige for deg. Ring 1-800-883-2177. (TTY: 711)</p>
<p>ગુજરાતી (Gujarati)</p> <p>સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-883-2177. (TTY: 711)</p>	<p>Adamawa (Fulfulde, Sudanic)</p> <p>MAANDO: To a waawi Adamawa, e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-800-883-2177. (TTY: 711)</p>
<p>اُردُو (Urdu)</p> <p>خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-883-2177 (TTY: 711)</p>	<p>Українська (Ukranian)</p> <p>УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-883-2177. (телетайп: 711)</p>