

# Notice of Privacy Practices



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## Your Information. Your Rights. Our Responsibilities.

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**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
- Market our services and sell your information
- Raise funds
- Participate in Health Information Exchange(s) (HIEs)

### Our Uses and Disclosures

We may use and share your information as we:

# Notice of Privacy Practices



- Treat you
- Run our organization
- Bill for your services
- 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.

### **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. Ask us how to do this.
- We will provide a copy or a summary of your health information. 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.

# Notice of Privacy Practices



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## 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” 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

# Notice of Privacy Practices



- 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 will 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.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- 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 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.*

# Notice of Privacy Practices



In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- 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 where you receive health care. We will only transmit your information to an HIE for the purposes of treatment, payment or healthcare operations, or as required by law.
- 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 required 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: <http://www.stjhs.org/HIE> 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

# Notice of Privacy Practices



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## How do we typically use or share your health information?

We typically use or share your health information in the following ways.

### Treat you

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

*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 manage your treatment and 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 you to your health insurance plan so it will pay for your services.*

## 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 for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

# Notice of Privacy Practices



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## 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

# Notice of Privacy Practices



- 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.

## 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 may 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.**



# Notice of Privacy Practices



**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 St. Joseph Health, 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 PSJH.
- Members of our hospitals’ medical staff and allied health professionals under an organized health care arrangement (OHCA).
- Our business associates; the business associates of our ACE; and the business associates of our OHCA partners.

# Notice of Privacy Practices

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

## **Contact Information**

Providence St. Joseph Health 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

# Notice of Privacy Practices



## Providence/Kadlec/PacMed Translated Taglines:

Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-311-9127 (TTY: 711).
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)
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	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.
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 888-311-9127 (телетайп: 711).
Armenian	ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, ապա ձեզ կարող են տրամադրվել լեզվական աջակցության անվճար ծառայություններ: Ջանգախարեք 888-311-9127 (հեռատիպ (TTY)՝ 711).
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).
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.
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。
Panjabi*	ਧਿਆਨ ਧਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਿ ਰੋ, ਤਾਂ ਭਾਸ਼ਾ ਧਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਿ ਹੈ। 888-311-9127 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।
Mon-Khmer, Cambodian	សូមចាំអារម្មណ៍: ប្រសិនបើលោកអ្នកនិយាយភាសាខ្មែរ នោះសេវាជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ សូមទូរស័ព្ទទៅលេខ 888-311-9127 (TTY: 711)។
Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 888-311-9127 (TTY: 711) पर कॉल करें।
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).
Thai	โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการความช่วยเหลือผ่านทางภาษาได้โดยไม่มีค่าใช้จ่าย โทร 888-311-9127 (TTY: 711)

# Notice of Privacy Practices



German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 888-311-9127 (TTY: 711).
Urdu	توجہ: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں (TTY: 711)۔ 888-311-9127
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 yáníłti'go <b>Diné Bizaad</b> , saad bee áká'ánída' áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíílnih 1-888-311-9127 (TTY: 711).
Laotian	ໝາຍເຫດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ໂດຍບໍ່ເສຍຄ່າໃຫ້ແກ່ທ່ານ. ໂທ 888-311-9127 (TTY: 711).
Gujarati	સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 888-311-9127 (TTY: 711).
Cushite*	XIYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 888-311-9127 (TTY: 711).
Amharic*	ልብ ይበሉ:- የሚናገሩት ቋንቋ አማርኛ ከሆነ፣ የቋንቋ እገዛ አገልግሎቶች፣ በገደብ፣ ማግኘት ይችላሉ። በ 888-311-9127 (መስመር ለተሳናቸው: 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 iai auaunaga fesoasoani, e leai se totoi 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 språkassistanstjenester tilgjengelige for deg. Ring 888-311-9127 (TTY: 711).
Pennsylvanian (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).

## Swedish Translated Taglines (All)

# Notice of Privacy Practices



Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY: 711).
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 (Swedish Edmonds 888-311-9178) (TTY: 711)
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 (Swedish Edmonds 888-311-9178) (TTY: 711).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY: 711).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY: 711) 번으로 전화해 주십시오.
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 888-311-9127 (Swedish Edmonds 888-311-9178) (телетайп: 711).
Armenian	ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, ապա ձեզ կարող են տրամադրվել լեզվական աջակցության անվճար ծառայություններ: Զանգահարեք 888-311-9127 (Swedish Edmonds 888-311-9178) (հեռատիպ (TTY)՝ 711).
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 (Swedish Edmonds)] (أو بخط المبرقة الكاتبة TTY لأضعاف السمع والنطق على الرقم 711).
Persian (Farsi)	توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با شماره 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY: 711) تماس بگیرید.
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 (Swedish Edmonds 888-311-9178) (TTY: 711) まで、お電話にてご連絡ください。
Panjabi*	ਧਿਆਨ ਧਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਿ ਰੇ, ਤਾਂ ਭਾਸ਼ਾ ਧਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਿ ਹੈ। 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।
Mon-Khmer, Cambodian	សូមចាំអារម្មណ៍: ប្រសិនបើលោកអ្នកនិយាយភាសាខ្មែរ នោះសេវាជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនលោកអ្នកដោយឥតគិតថ្លៃ។

# Notice of Privacy Practices



	សូមទូរស័ព្ទទៅលេខ 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY: 711)។
Hindi	ध्यान दें: 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।
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 (Swedish Edmonds 888-311-9178) (TTY: 711).
Thai	โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการความช่วยเหลือทางภาษาได้โดยไม่มีค่าใช้จ่าย โทร 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY: 711)
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY: 711).
Urdu	توجہ: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY: 711).
Ukrainian*	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).
French	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).
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, kojí' hódíłnìh 1-888-311-9127, (Swedish Edmonds 888-311-9178) (TTY: 711).
Laotian	ໝາຍເຫດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າໃຫ້ແກ່ທ່ານ. ໂທ 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY: 711).
Gujarati	સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY: 711).
Cushite*	XIYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY: 711).
Amharic*	ልብ ይበሉ:- የሚናገሩት ቋንቋ አማርኛ ከሆነ፣ የቋንቋ እገዛ አገልግሎቶች፣ በነጻ፣ ማግኘት ይችላሉ። በ 888-311-9127 (ለስድስት ኤሌክትሮኒክ 888-311-9178) (መስማት ለተሳናቸው: 711) ይደውሉ።

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Romanian*	ATENȚIE: 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).
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 (Swedish Edmonds 888-311-9178) (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 (Swedish Edmonds 888-311-9178) (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 (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).
Pennsylvanian (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 (Swedish Edmonds 888-311-9178) (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 (Swedish Edmonds 888-311-9178) (TTY: 711)
Tigrigna	ኣስተውዕሉ/ሉ፡- ትግርኛ ትዛረቡ/ባ እንተኮይንኩም/ኸን፤ ኣገልግሎት ኣገዝ ቋንቋ፡ ብናጻ ይርከብ እዩ። በዚ ቁጽሪ 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY: 711) ደዉሉ/ሉ።