



NOTICE OF HEALTH INFORMATION PRACTICES

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

WHO WILL FOLLOW THIS NOTICE

This Notice describes the health information practices of Triton Health Systems, L.L.C. and each of its covered subsidiaries including but not limited to VIVA HEALTH, Inc. and VIVA HEALTH Administration L.L.C. (collectively referred to hereafter as "VIVA HEALTH"). This Notice also describes the health information practices of group health plans (GHPs) that participate in an Organized Health Care Arrangement (OHCA) with VIVA HEALTH, if applicable. All entities, sites and locations of VIVA HEALTH and the group health plan(s) in the OHCA (if applicable) follow the terms of this Notice currently in effect. In addition, these entities, sites and locations may share health information with each other for the purposes of treatment, payment or health care operations described below.

OUR PLEDGE REGARDING HEALTH INFORMATION

We understand that health information about you is personal and we are committed to protecting your information. We keep a membership record of your enrollment in our plan. We also maintain records of decisions and payments we've made related to health care services you or your treating providers have requested to be covered by the plan.

This Notice tells you about the ways in which we may use and disclose your health information. We also describe your rights and certain obligations we have regarding the use and disclosure of your health information. We are required by law to:

- Make sure that health information that identifies you is kept private;
- Give you this Notice of our legal duties and privacy practices with respect to your health information;
- Notify you in the case of a breach of your unsecured identifiable health information; and
- Follow the terms of the Notice currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

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

- ***Treatment and Treatment Alternatives.*** We use or disclose your health information to help your doctors and other health care providers coordinate or arrange your health treatment or care. For example, VIVA HEALTH may notify a doctor that you have not received a covered preventive health screening that is recommended by a national institute or authoritative agency, or we may alert your doctor that you are taking prescription drugs that could cause adverse reactions or interactions with other drugs. In addition, VIVA HEALTH may help your health care provider coordinate or arrange health services that you need, or help your health care provider find a safer prescription drug alternative. We may disclose your health information to individuals outside VIVA HEALTH, and the OHCA(s) (if applicable), who may be involved in your health care, such as your family members or close friends. We may use and disclose your health information to tell you about health-related benefits or services that may be of interest to you.
- ***Health Information Exchanges (HIEs).*** We may participate in certain health information exchanges (HIEs) that allow us to exchange electronic health information with health care providers or entities who share in the HIE for treatment, payment, or health care operations purposes. Our participation in these exchanges helps improve the quality of care you receive. For a list of these exchanges, you may contact the VIVA HEALTH Privacy Officer for details (see contact information later in this Notice). You may choose not to have your

electronic health information included in these exchanges by submitting a written request on the required form to the Privacy Officer.

- **Payment.** We may use and disclose your health information for payment purposes. Examples of payment include, but are not limited to:
 - Obtaining plan premiums;
 - Determining or fulfilling our responsibility for coverage of benefits (or the provision of benefits);
 - Processing claims filed by providers who have treated you;
 - Reviewing health care services to determine medical necessity, provision of coverage, or justification of charges;
 - Coordinating benefits with other health plans (payers), both within and outside of the OHCA (if applicable), that provide coverage for you;
 - Pursuing recoveries from third parties (subrogation); and
 - Providing eligibility information to health care providers.

- **Health Care Operations.** We may use and disclose your health information for our routine health care operations. These uses and disclosures are necessary for VIVA HEALTH, and the group health plan (GHP) in the OHCA (if applicable), to operate and make sure that all our members receive quality care. We may also combine health information about many of our members to decide what additional services or benefits we should offer and what services or benefits are not needed. Examples of health care operations include, but are not limited to:
 - Conducting quality assessment and improvement activities;
 - Conducting population-based activities relating to improving health or reducing health care costs;
 - Engaging in care coordination or case management;
 - Detecting fraud, waste or abuse;
 - Providing customer service;
 - Business management and general administrative activities related to our organization and the services we provide, or to the group health plan (GHP) in the OHCA (if applicable); and
 - Underwriting, premium rating, or other activities relating to the issuing, renewal or replacement of a Group Health Policy. **Note: We will not use or disclose genetic information about you for underwriting purposes.**

We may also disclose your health information for certain health care operations of another covered entity. For example, if you receive benefits through a GHP, we may disclose your health information to other health plans or their business associates that are involved in administering your GHP benefits.

- **Organized Health Care Arrangements (OHCAs).** We participate in OHCAs with some of our network providers and group health plans (GHPs). The entities of the OHCA may share in the cost of your health care and may work together to assess the quality of health care you receive. The entities of the OHCA may also use or disclose your health information for treatment, payment or health care operation purposes (described above) relating to the OHCA's joint activities. In the OHCAs with our network providers, VIVA HEALTH and the network providers work jointly to help coordinate the medically necessary care you need in the most appropriate care setting and better address your health care needs.

In the OHCAs with our GHPs, sharing your eligibility and health information with a GHP, or the GHP's Business Associate, allows the GHP or its Business Associate to administer benefits that are offered to you through an employer-sponsored plan or GHP. Whenever we disclose your health information to GHPs, they must follow applicable laws governing the use and disclosure of your health information, including, but not limited to, the applicable privacy and security rules under the Health Insurance Portability and Accountability Act (HIPAA). For purposes of OHCAs between VIVA HEALTH and GHPs, this Notice constitutes a joint notice of privacy practices, issued in accordance with 45 C.F.R. §164.520(d).

- **Individuals Involved in Your Care or Payment for Your Care.** We may release your health information to the eligible person who enrolled you on the plan ("Subscriber"), a friend or family member who is involved in your health care or payment for your health care, and to your personal representative(s)

appointed by you or designated by applicable law. We may also share a minor dependent's health information with the Subscriber or other parent/guardian on the same policy as the Subscriber, if applicable, unless such disclosure is prohibited by law or in certain situations where we are permitted by federal and state law to decide whether to disclose based on the minor's best interests. In addition, we may disclose your health information to an entity assisting in a disaster relief effort so that your family can be notified about your status and location.

- **Health-Related Benefit and Service Reminders.** We may use and disclose health information to contact you and remind you to talk to your doctor about certain covered health screenings or preventive services or to tell you about health-related benefits or services that may be of interest to you. We may contact you by mail, telephone, text, or email or through the member portal or member application. For example, we may leave voice messages at the telephone number you provide to us or mail you a letter about health products that may be of interest to you.
- **Research.** We may use and disclose your health information for medical research. All research studies must be approved by a special process required by law that protects patients involved in research, which includes their privacy board. While most research studies require specific patient consent, there are some instances where patient authorization is not required. For example, a research project may involve comparing the recovery of all patients who received one medication to those who received another for the same condition. This would be done with no patient contact.
- **Certain Marketing Activities.** We may use your health information to forward promotional gifts of nominal value, to communicate with you about services offered by VIVA HEALTH, to communicate with you about case management and care coordination, and to communicate with you about treatment alternatives. We do not sell your health information to any third party for their marketing activities unless you sign an authorization allowing us to do this.
- **Business Associates.** There are some benefits and services we provide through contracts with Business Associates. Examples include a copy service we use when making copies of your health information, consultants, accountants, lawyers, and subrogation companies. When these services are contracted, we may disclose your health information to our Business Associate so that they can perform the job we've asked them to do. We require the Business Associate to appropriately safeguard your information.
- **Plan Sponsor of Group Health Plan (GHP).** We may disclose, in summary form, your claim history and other similar information to your Plan Sponsor that has a Group Health Policy with VIVA HEALTH, if applicable. Such summary information does not contain your name or other distinguishing characteristics. We may also disclose to the Plan Sponsor the fact that you are enrolled in, or disenrolled from, VIVA HEALTH. We may disclose your health information to the Plan Sponsor for administrative functions that the Plan Sponsor provides to VIVA HEALTH (for example, if the Plan Sponsor assists its members in resolving complaints) if the Plan Sponsor agrees in writing to ensure the continuing confidentiality and security of your protected health information. The Plan Sponsor must also agree not to use or disclose your protected health information for employment-related activities.
- **As Required By Law.** We will disclose your health information when required to do so by federal, state or local law.
- **Public Health Activities.** We may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- **Food and Drug Administration (FDA).** We may disclose to the FDA and to manufacturers health information relative to adverse events with respect to food, supplements, products, or post-marketing surveillance information to enable product recalls, repairs, or replacement.
- **Victims of Abuse, Neglect or Domestic Violence.** We may disclose to a government authority authorized by law to receive reports of child, elder, and domestic abuse or neglect.

- **Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, licensure, and inspections. These activities allow the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a court or administrative order. We may also disclose your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made by the seeking party to tell you about the request or to obtain an order protecting the information requested. We may disclose your health information for judicial or administrative proceedings, as required by law.
- **Law Enforcement.** We may release health information for law enforcement purposes as required by law, in response to a valid subpoena, for identification and location of fugitives, witnesses or missing persons, for suspected victims of crime, for deaths that may have resulted from criminal conduct and for suspected crimes on the premises.
- **Coroners, Medical Examiners and Funeral Directors.** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.
- **Organ and Tissue Donation.** If you are an organ, tissue or eye donor or recipient, we may use or release your health information to organizations that manage organ, tissue and eye procurement, banking, transportation, and transplantation.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Military and Veterans.** If you are a member of the armed forces, we may release your health information as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.
- **National Security and Intelligence Activities.** We may release your health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose your health information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Workers' Compensation.** We may release your health information for workers' compensation or similar programs as authorized by law. These programs provide benefits for work-related injuries or illness.
- **Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your health information to the correctional institution or law enforcement official for your health or for the health and safety of other individuals.
- **Other uses and disclosures.** We will obtain your written authorization to use or disclose your psychotherapy notes (other than for uses permitted by law without your authorization); to use or disclose your health information for marketing activities not described above; and prior to selling your health information to any third party. Any uses and disclosures not described in this Notice will be made only with your written authorization.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information VIVA HEALTH maintains about you. For information on the application of these rights to health information maintained by your GHP (if applicable), please contact your GHP's Privacy Officer.

- ***Right to Inspect and Obtain a Copy.*** You have the right to inspect and obtain a copy of your health records unless your doctor believes releasing that information to you could harm you. Enrollment, payment, claims processing, and case/care management or medical management records held by VIVA HEALTH are included in your right to inspect and obtain of a copy of your health records, but not psychotherapy notes, information gathered for a legal proceeding, or certain research records while the research is ongoing.

Additionally, we are prohibited by law from knowingly engaging in Information Blocking. We will not engage in any practice that is likely to interfere with, prevent, or discourage your access, exchange, or use of your electronic health information.

To inspect or obtain a copy of your health records held by VIVA HEALTH, you must submit your request in writing to VIVA HEALTH'S Privacy Officer (see contact information later in this Notice). If you request a copy (paper or electronic) of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and obtain a copy in certain very limited circumstances. If your request is denied, you may request that the denial be reviewed by following the instructions in the letter of denial you will receive.

- ***Right to Amend.*** If you feel that health information we have about you is incorrect or incomplete, you have the right to ask us to amend the information kept by VIVA HEALTH.

Your request for amendment must be made in writing on the required form, specify the records you wish to amend, give the reason for your request and must be submitted to VIVA HEALTH'S Privacy Officer (see contact information later in this Notice).

We may deny your request for amendment. If we do, we will tell you why and explain your options.

- ***Right to an Accounting of Disclosures.*** You have the right to request an "accounting of disclosures" which is a list of entities or persons (other than yourself) to whom we disclosed your health information without your authorization. The accounting would include disclosures made in response to a court order or subpoena or data submitted to a public health authority, but does not include disclosures that are exempted by law. For example, an accounting of disclosures does not include disclosures for treatment, payment or health care operations.

To request an accounting of disclosures, you must submit your request in writing on the required form to VIVA HEALTH'S Privacy Officer (see contact information later in this Notice). Your request must state a time period which may not be more than the six years prior to the date of the request. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

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

We are not required to agree to your request in all circumstances. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. If we deny your request, we will tell you why and explain your options.

To request restrictions, you must make your request in writing on the required form to VIVA HEALTH'S Privacy Officer (see contact information later in this Notice). In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to a family member.

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

To request confidential communications, you must make your request in writing on the required form to VIVA HEALTH's Privacy Officer (see contact information later in this Notice) and specify how or where you wish to be contacted. We will not ask you the reason for your request, but your request must clearly state that the disclosure of all or part of the information could endanger you. We will accommodate all reasonable requests.

- **Right to Revoke Authorization.** You have the right to revoke your authorization to use or disclose your health information except to the extent that action has already been taken in reliance on your authorization. Revocations must be made in writing to VIVA HEALTH's Privacy Officer (see contact information later in this Notice).
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy.

You may obtain a copy of this Notice at our website, www.vivahealth.com or by calling VIVA HEALTH's Customer/Member Services Department (phone numbers are listed on your health plan ID card).

YOUR RESPONSIBILITIES FOR PROTECTING HEALTH INFORMATION

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

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. Any change in the Notice could apply to health information we already have about you as well as any information we receive in the future. If we make a material change to this Notice, the new Notice will be sent to all Subscribers covered by VIVA HEALTH by your Plan Sponsor (if applicable) or by VIVA HEALTH. We will also post the new Notice on our website at www.vivahealth.com.

FOR MORE INFORMATION OR TO REPORT A PROBLEM OR COMPLAINT

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

NOTICE EFFECTIVE DATE: The effective date of the Notice is April 14, 2003, last amended January 1, 2025.

VIVA HEALTH PRIVACY OFFICER – CONTACT INFORMATION

Address: VIVA HEALTH

Attention: Privacy Officer

417 20th Street North

Suite 1100

Birmingham, AL 35203

Email: vivamemberhelp@uabmc.edu

Phone: 1-800-294-7780 (TTY users, please call the Alabama Relay Service at 711)

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

VIVA HEALTH NOTICE OF FINANCIAL INFORMATION PRACTICES

VIVA HEALTH is committed to maintaining the confidentiality of your personal financial information. We may collect and disclose non-public financial information about you to assist in providing your health care coverage or to help you apply for financial assistance from federal and state programs. Examples of personal financial information may include your:

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

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

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

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

English (English)

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

Español (Spanish)

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

中文 (Traditional Chinese)

注意：如果您說中文

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

中文 (Simplified Chinese)

注意：如果您說中文

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

한국어 (Korean)

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

Việt (Vietnamese)

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

العربية (Arabic)

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

Deutsch (German)

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

Français (French)

ATTENTION : Si vous parlez Français (French), des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-294-7780 (TTY : 711) ou parlez à votre fournisseur.

ગુજરાતી (Gujarati)

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

Tagalog (Tagalog)

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

हिंदी (Hindi)

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

ລາວ (Lao)

ເລື່ອງ: ຖ້າທ່ານເວົ້າພາສາ ລາວ (Lao), ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາໂປ 1-800-294-7780 (TTY: 711) ຫຼື ວິມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

РУССКИЙ (Russian)

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

Português (Portuguese)

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

Türkçe (Turkish)

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

日本語 (Japanese)

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