

NORTHEAST DELTA DENTAL

Maine Dental Service Corporation, d/b/a/ Delta Dental Plan of Maine
Delta Dental Plan of New Hampshire, Inc.
Delta Dental Plan of Vermont, Inc.

NOTICE OF PRIVACY 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.

Companies Issuing This Notice

This Notice describes the privacy practices of Northeast Delta Dental, which is composed of Maine Dental Service Corporation, d/b/a/ Delta Dental Plan of Maine, Delta Dental Plan of New Hampshire, Inc. and Delta Dental Plan of Vermont, Inc. (collectively "Northeast Delta Dental") and any other third party which assists Northeast Delta Dental in the administration of your dental plan.

The Purpose of This Notice

Northeast Delta Dental is committed to protecting the privacy of your personal information. We are required by law to maintain the privacy of your personal information, and to give you this Notice of our privacy practices, our legal duties and your rights concerning your protected health information. We will notify you in the event of a breach of your unsecured protected health information.

Northeast Delta Dental must follow the practices described in this Notice as long as this Notice is in effect. This Notice will remain in effect until it is replaced. Northeast Delta Dental reserves the right to revise or change this Notice at any time. Any such revision will affect information we already have about you and any information we receive in the future. If there is any significant change in Northeast Delta Dental's privacy practices, this Notice will be updated. The Notice currently in effect is available on the Northeast Delta Dental website, www.nedelta.com, and you may also request a paper copy of the current Notice at any time.

If you have any questions regarding this Notice, or if you wish to receive another copy, please contact:

HIPAA Privacy Officer
Northeast Delta Dental
PO Box 2002
Concord, NH 03302-2002
(800) 537-1715

Uses and Disclosures of Your Health Information

Northeast Delta Dental uses and discloses your protected health information only as permitted by federal and state law. For each category of uses and disclosures, we explain what we mean and present some examples. Not every use or disclosure in a category is listed. However, all of the ways we are permitted to use and disclose information falls within one of the categories. When using or disclosing protected health information or when requesting protected health information from another covered entity, we make reasonable efforts to limit the protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure or request.

For Treatment: We may use and disclose protected health information to a dentist, physician or other health care provider who is providing treatment for you.

For Payment: We may use and disclose protected health information about you to determine eligibility for benefits, to facilitate payment for the treatment and services you receive from dentists and other health care providers, to determine coverage under your dental plan, or to coordinate coverage. For example, we may tell your dentist about treatments you have received so Northeast Delta Dental can pay you or your dentist for covered services. Northeast Delta Dental may use information about a treatment you are going to receive in order to provide prior approval or to determine whether your dental plan will cover the treatment. Likewise, we may share protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefits payments.

For Health Care Operations: We may use and disclose protected health information about you for health care operations. These uses and disclosures are necessary to provide quality care to all subscribers and covered persons. For example, we may use protected health information in connection with: conducting quality assessment and improvement activities; underwriting, premium rating, internal grievance resolution, and other activities relating to coverage; conducting or arranging for dental care review, legal services, audit services, and fraud and abuse detection programs; creating de-identified health information or limited data sets; business planning and development such as cost management; and business management and general administrative activities, such as customer service, management activities related to privacy compliance, and providing data analysis for policyholders, plan sponsors or other customers, provided that health information identifying you will not be disclosed in or with such data analyses.

As Required By Law: We will disclose protected health information about you when required to do so by federal, state or local law. For example, we may disclose protected health information when required by a court order in a litigation proceeding such as a malpractice action.

To Avert a Serious Threat to Health or Safety: We may use and disclose protected health information about you 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. For example, we may disclose protected health information about you in a proceeding regarding the licensure of a health care provider.

Use or Disclosure of Protected Health Information for Marketing Purposes: Northeast Delta Dental does not use and disclose your protected health information for marketing purposes outside of communications in connection with authorized treatment and health care operations, and as permitted by law. For example, we may communicate with you about a health-related product or service that we provide or pay for. We may communicate with you about changes in our dental networks, changes or enhancements to your dental plan, and health-related products or services available only to dental plan enrollees that add value to your plan. We do not use or disclose your protected health information for marketing from which we directly or indirectly receive remuneration from a third party without your written authorization.

Sale of Protected Health Information: Northeast Delta Dental does not sell your protected health information without your written authorization.

Disclosures to Your Family and Friends: We may disclose your protected health information to a family member, friend or other person if (a) you provide us written authorization to do so, or (b) you are unable to provide the required authorization because of emergency, accident or similar situation and we reasonably determine that disclosure would be in your best interest. In these situations, we may disclose protected health information necessary for your treatment or payment. We may use or disclose your name, location, and general condition, or assist in the identification, location or notification of a person involved in your care.

Disclosures to Your Employer or Group Health Plan Sponsor: We may disclose certain protected health information to your employer or sponsor of your group dental plan. We may disclose summary health information to your employer or other plan sponsor for the purpose of responding to a request for a dental services program proposal or to modify, amend, or replace your dental coverage. The summary information we may disclose summarizes claims history, claims expenses, or types of claims experience by the members in your group plan. In similar fashion, we may disclose to your plan sponsor information about whether you have been enrolled, are participating, or are no longer enrolled in the group plan. Your plan sponsor's dental plan document may require or permit other uses and disclosures. Please ask your plan sponsor for a more complete explanation of the sponsor's uses and disclosures of protected health information.

Disclosures You Authorize: Other uses and disclosures of protected health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose protected health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose protected health information about you for the reasons covered by your written authorization. However, we are unable to take back any disclosures we have already made with your permission, and we are required to retain our records regarding care provided to you.

Use or Disclosure of Genetic Information: We are prohibited from using or disclosing genetic information for underwriting purposes.

Special Situations

Military and Veterans: If you are a member of the armed forces, we may release protected health information about you as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

Worker's Compensation: Northeast Delta Dental may provide your protected health information for worker's compensation or similar programs, which provide benefits for work-related injuries or illness.

Public Health Risks: We may disclose protected health information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- in connection with certain research activities; and
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities: We may disclose protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Research: We may use or share your information for health research.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose protected health information about you in response to a court or administrative order. We may also disclose protected health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

Law Enforcement: We may release protected health information if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death regarding which we have been advised may be the result of criminal conduct;
- about criminal conduct on our premises; and
- in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors: We may release protected 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. We may also release protected health information to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities: We may release protected health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care; to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

Your Rights Regarding Health Information About You

You have the following rights regarding the protected health information we maintain about you:

Right to Inspect and Copy: You have the right to inspect and copy your health information which Northeast Delta Dental maintains. To inspect and copy your health information, please contact the HIPAA Privacy Officer at the address or telephone number given above. If you request a copy of information, we may charge a fee for the costs of copying, mailing or other supplies needed to fulfill your request.

Right to Amend: If you feel your health information maintained by Northeast Delta Dental is incorrect or incomplete, you may ask to amend the information by contacting the HIPAA Privacy Officer at the address or telephone number listed above. You may request an amendment for as long as the information is maintained by Northeast Delta Dental. Your request may be denied if it does not include a reason to support the request. In addition, it may be denied if you request to amend information that:

- is not part of the health information maintained by Northeast Delta Dental;
- was not created by Northeast Delta Dental unless the person or entity creating the information is no longer available to make the amendment;
- is not part of the information you would be permitted to inspect or copy; or
- the information you seek to amend is accurate and complete.

Right to an Accounting of Disclosures: You may 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 ask us to make). To request an accounting of disclosures, you must submit your request in writing to the HIPAA Privacy Officer listed above. Your request should state in what form you want the accounting of disclosures (for example, paper or electronic).

Right to Request Restrictions: You have the right to request a restriction or limitation on the health information we use or disclose about you for payment or health care operations. You also have the right to request a restriction or limitation on health information we disclose about you to someone who is involved in your care or the payment for your treatment. Your request to limit or restrict use of your health information must be made in writing to the HIPAA Privacy Officer listed above and the request must include the information you wish to limit, whether you wish to limit use, disclosure or both, and to whom the limits may apply. For example, you could ask that we limit disclosures to your spouse or that we not disclose information about a procedure you had. We are not required to agree to your request; except if (a) the disclosure is for the purpose of carrying out payment or health care operations and is not required by law, and (b) the protected health information pertains solely to a product or service for which you or someone other than Northeast Delta Dental paid the health care provider in full.

Right to Request Confidential Communications: You have the right to request that we communicate with you concerning your health information only in certain ways or at certain locations. For example, you may request that we only contact you at work or by mail. Any such request must be made in writing to the HIPAA Privacy Officer listed above. Where possible, we will accommodate all reasonable requests.

Right to a Paper Copy of This Notice: Even if you have received this Notice electronically, you are entitled to receive a paper copy of this Notice. A request for a copy of the Notice should be sent to the HIPAA Privacy Officer at the address above. You may also obtain a copy of this at our website, www.nedelta.com.

How to File a Complaint: If you believe your privacy rights have been violated by Northeast Delta Dental, you may file a written complaint addressed to the HIPAA Privacy Officer, Northeast Delta Dental, PO Box 2002, Concord, NH 03302-2002. The complaint must be in writing. Alternatively, you may file a written complaint with the Secretary of the Department of Health and Human Services at 200 Independence Ave., S.W. Washington, D.C. 20201. ***You will not be penalized or retaliated against for filing a complaint.***

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For Treatment: We may use and disclose protected health information to a dentist, physician or other health care provider who is providing treatment for you.

For Payment: We may use and disclose protected health information about you to determine eligibility for benefits, to facilitate payment for the treatment and services you receive from dentists and other health care providers, to determine coverage under your dental plan, or to coordinate coverage. For example, we may tell your dentist about treatments you have received so Northeast Delta Dental can pay you or your dentist for covered services. Northeast Delta Dental may use information about a treatment you are going to receive in order to provide prior approval or to determine whether your dental plan will cover the treatment. Likewise, we may share protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefits payments.

For Health Care Operations: We may use and disclose protected health information about you for health care operations. These uses and disclosures are necessary to provide quality care to all subscribers and covered persons. For example, we may use protected health information in connection with: conducting quality assessment and improvement activities; underwriting, premium rating, internal grievance resolution, and other activities relating to coverage; conducting or arranging for dental care review, legal services, audit services, and fraud and abuse detection programs; creating de-identified health information or limited data sets; business planning and development such as cost management; and business management and general administrative activities, such as customer service, management activities related to privacy compliance, and providing data analysis for policyholders, plan sponsors or other customers, provided that health information identifying you will not be disclosed in or with such data analyses.

As Required By Law: We will disclose protected health information about you when required to do so by federal, state or local law. For example, we may disclose protected health information when required by a court order in a litigation proceeding such as a malpractice action.

To Avert a Serious Threat to Health or Safety: We may use and disclose protected health information about you 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. For example, we may disclose protected health information about you in a proceeding regarding the licensure of a health care provider.

Use or Disclosure of Protected Health Information for Marketing Purposes: Northeast Delta Dental does not use and disclose your protected health information for marketing purposes outside of communications in connection with authorized treatment and health care operations, and as permitted by law. For example, we may communicate with you about a health-related product or service that we provide or pay for. We may communicate with you about changes in our dental networks, changes or enhancements to your dental plan, and health-related products or services available only to dental plan enrollees that add value to your plan. We do not use or disclose your protected health information for marketing from which we directly or indirectly receive remuneration from a third party without your written authorization.

Sale of Protected Health Information: Northeast Delta Dental does not sell your protected health information without your written authorization.

Disclosures to Your Family and Friends: We may disclose your protected health information to a family member, friend or other person if (a) you provide us written authorization to do so, or (b) you are unable to provide the required authorization because of emergency, accident or similar situation and we reasonably determine that disclosure would be in your best interest. In these situations, we may disclose protected health information necessary for your treatment or payment. We may use or disclose your name, location, and general condition, or assist in the identification, location or notification of a person involved in your care.

Disclosures to Your Employer or Group Health Plan Sponsor: We may disclose certain protected health information to your employer or sponsor of your group dental plan. We may disclose summary health information to your employer or other plan sponsor for the purpose of responding to a request for a dental services program proposal or to modify, amend, or replace your dental coverage. The summary information we may disclose summarizes claims history, claims expenses, or types of claims experience by the members in your group plan. In similar fashion, we may disclose to your plan sponsor information about whether you have been enrolled, are participating, or are no longer enrolled in the group plan. Your plan sponsor's dental plan document may require or permit other uses and disclosures. Please ask your plan sponsor for a more complete explanation of the sponsor's uses and disclosures of protected health information.

Disclosures You Authorize: Other uses and disclosures of protected health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose protected health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose protected health information about you for the reasons covered by your written authorization. However, we are unable to take back any disclosures we have already made with your permission, and we are required to retain our records regarding care provided to you.

Use or Disclosure of Genetic Information: We are prohibited from using or disclosing genetic information for underwriting purposes.

Special Situations

Military and Veterans: If you are a member of the armed forces, we may release protected health information about you as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

Worker's Compensation: Northeast Delta Dental may provide your protected health information for worker's compensation or similar programs, which provide benefits for work-related injuries or illness.

Public Health Risks: We may disclose protected health information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- in connection with certain research activities; and
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities: We may disclose protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Research: We may use or share your information for health research.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose protected health information about you in response to a court or administrative order. We may also disclose protected health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

Law Enforcement: We may release protected health information if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death regarding which we have been advised may be the result of criminal conduct;
- about criminal conduct on our premises; and
- in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors: We may release protected 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. We may also release protected health information to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities: We may release protected health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care; to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

Your Rights Regarding Health Information About You

You have the following rights regarding the protected health information we maintain about you:

Right to Inspect and Copy: You have the right to inspect and copy your health information which Northeast Delta Dental maintains. To inspect and copy your health information, please contact the HIPAA Privacy Officer at the address or telephone number given above. If you request a copy of information, we may charge a fee for the costs of copying, mailing or other supplies needed to fulfill your request.

Right to Amend: If you feel your health information maintained by Northeast Delta Dental is incorrect or incomplete, you may ask to amend the information by contacting the HIPAA Privacy Officer at the address or telephone number listed above. You may request an amendment for as long as the information is maintained by Northeast Delta Dental. Your request may be denied if it does not include a reason to support the request. In addition, it may be denied if you request to amend information that:

- is not part of the health information maintained by Northeast Delta Dental;
- was not created by Northeast Delta Dental unless the person or entity creating the information is no longer available to make the amendment;
- is not part of the information you would be permitted to inspect or copy; or
- the information you seek to amend is accurate and complete.

Right to an Accounting of Disclosures: You may 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 ask us to make). To request an accounting of disclosures, you must submit your request in writing to the HIPAA Privacy Officer listed above. Your request should state in what form you want the accounting of disclosures (for example, paper or electronic).

Right to Request Restrictions: You have the right to request a restriction or limitation on the health information we use or disclose about you for payment or health care operations. You also have the right to request a restriction or limitation on health information we disclose about you to someone who is involved in your care or the payment for your treatment. Your request to limit or restrict use of your health information must be made in writing to the HIPAA Privacy Officer listed above and the request must include the information you wish to limit, whether you wish to limit use, disclosure or both, and to whom the limits may apply. For example, you could ask that we limit disclosures to your spouse or that we not disclose information about a procedure you had. We are not required to agree to your request; except if (a) the disclosure is for the purpose of carrying out payment or health care operations and is not required by law, and (b) the protected health information pertains solely to a product or service for which you or someone other than Northeast Delta Dental paid the health care provider in full.

Right to Request Confidential Communications: You have the right to request that we communicate with you concerning your health information only in certain ways or at certain locations. For example, you may request that we only contact you at work or by mail. Any such request must be made in writing to the HIPAA Privacy Officer listed above. Where possible, we will accommodate all reasonable requests.

Right to a Paper Copy of This Notice: Even if you have received this Notice electronically, you are entitled to receive a paper copy of this Notice. A request for a copy of the Notice should be sent to the HIPAA Privacy Officer at the address above. You may also obtain a copy of this at our website, www.nedelta.com.

How to File a Complaint: If you believe your privacy rights have been violated by Northeast Delta Dental, you may file a written complaint addressed to the HIPAA Privacy Officer, Northeast Delta Dental, PO Box 2002, Concord, NH 03302-2002. The complaint must be in writing. Alternatively, you may file a written complaint with the Secretary of the Department of Health and Human Services at 200 Independence Ave., S.W. Washington, D.C. 20201. ***You will not be penalized or retaliated against for filing a complaint.***

Discrimination is Against the Law

Northeast Delta Dental complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Northeast Delta Dental does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Northeast Delta Dental:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Neiko Lavery, Associate General Counsel.

If you believe that Northeast Delta Dental has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Neiko Lavery, Associate General Counsel
One Delta Drive
Concord, NH 03301
603-223-1127
TTY: 711
Fax: 603-223-1035
nlavery@nedelta.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Neiko Lavery, Associate General Counsel, is available to help you.

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 <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

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

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-832-5700 (ATS : 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-832-5700 (TTY: 711).

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 1-800-832-5700 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-832-5700 (TTY: 711).

यान दनु होसः ०त्पाइ ले नेपाल बो नह छ भन तपाइ को िन त भाषा सहायता सवाह नःश क पमा उपल थ छ । फोन गनु होसर् ०१-800-332-5700 (ट टवाइः 711) ।

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 0075-238-008-1 (رقم هاتف الصم والبكم 117).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-832-5700 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-832-5700 (телетайп: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-832-5700 (TTY: 711).

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-832-5700 (TTY: Telefon za osobe sa oštećenim govorom ili sluhom: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-832-5700 (TTY: 711) 번으로 전화해 주십시오.

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-832-5700 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-832-5700 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-832-5700 (TTY: 711).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អូល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-832-5700 (TTY: 711)។