

SCHOOL OF OPTOMETRY POLICY

Date Effective: 4/14/2003

Date Revised: 2/16/2026

Responsible Party: HIPAA Entity Privacy Coordinator

Contact(s): Professor Mark Swanson, OD, MSPH

Notice Of Health Information Practices

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.

WHO WILL FOLLOW THIS NOTICE. This Notice describes the health information practices of the UAB School of Optometry. All entities, sites, and locations of the UAB School of Optometry follow the terms of this Notice which may be updated from time to time. In addition, these entities, sites, and locations may share medical information with each other for the purposes of treatment, payment, or healthcare operations as described below.

OUR PLEDGE REGARDING MEDICAL AND OPTOMETRY INFORMATION.

We understand that medical information about you and your health is personal, and we are committed to protecting your medical information. We create a record of the care and services you receive at the UAB School of Optometry. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all the records of your care created by the UAB School of Optometry, whether made by clinic/hospital personnel, your personal doctor, and/or optometrist. This Notice describes the ways in which we may use and disclose your medical information and explains your rights and our legal obligations regarding the use and disclosure of your medical information. We are required by law to:

- make sure that medical information that identifies you is kept private;
- provide you with this Notice describing our legal duties and privacy practices with respect to your medical information;
- notify you in the case of a breach of your identifiable medical information; and
- follow the terms of the Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

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

► **For Treatment and Treatment Alternatives.** We may use your medical information to provide you with medical treatment or services and may disclose your medical information to doctors, optometrists, nurses, technicians, medical or students, or other UAB School of Optometry personnel, as well as to individuals or organizations outside our facility who are involved in your care. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. The doctor may need to tell the dietitian that you have diabetes so that appropriate meals can be arranged for you. Different departments of the UAB School of Optometry also may share medical information about you in

order to coordinate the different things you need, such as prescriptions, lab work, and MRI scans. We also may share information with your local physician, optometrist, family members, or others who help provide services that are part of your care after you leave our facilities. We may use and disclose your medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

► **For Payment.** We may use and disclose your medical information so that the treatment and services you receive through the UAB School of Optometry may be billed to and payment may be collected from you, your insurance company, or another third party. For example, we may need to give your health plan information about surgery you received at the UAB School of Optometry so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will pay for the treatment. We will share only the information necessary to obtain payment for the services provided.

► **For Health Care Operations.** We may use and disclose your medical information for routine healthcare operations of UAB School of Optometry. These uses and disclosures are necessary to operate our organization and to maintain and improve the quality and safety of the care we provide. For example, we may use your medical information to review treatment and services we provide and to evaluate the performance of our staff in caring for you. We may combine health information from many patients to determine what additional services should be offered, which services are not needed, and whether new treatments are effective. We may also share information with doctors, nurses, technicians, optometry and medical residents and students, and other personnel for education, training, and quality improvement purposes. We may also compare our performance with that of other health care organizations by combining de-identified information to identify ways to improve the care and services we offer. When information is used for these purposes, we remove details that could identify you so the information cannot be linked to you personally.

► **Substance Use Disorder (SUD) Records.** If we maintain or receive records related to substance use disorder treatment (“SUD records”) that are subject to 42 C.F.R. Part 2 (“Part 2”), those records are protected by special federal confidentiality rules in addition to HIPAA which are described below. Where the requirements of Part 2 are more restrictive than HIPAA, we will follow the more restrictive Part 2 requirements. All other provisions of this Notice apply to SUD records to the extent they do not conflict with Part 2.

Your Rights and Protections Under Part 2

- **Enhanced confidentiality.** SUD records and any testimony or content from such records may not be used or disclosed in any civil, criminal, administrative, or legislative proceeding against you unless one of the following occurs:
 1. You provide a written consent specifically authorizing the use or disclosure for that purpose, in accordance with Part 2; or
 2. A court order is issued after you have been given notice and an opportunity to be heard, and the court order is accompanied by a subpoena or other legal process compelling disclosure, as required under Part 2.
- **Limitation on redisclosure.** If we or a permitted recipient disclose your SUD records under a Part 2-compliant consent for treatment, payment, or health care operations, that recipient (if a covered entity or business associate) may only redisclose those records consistent with the

HIPAA rules and the limitations imposed by Part 2 (i.e., not for legal proceedings against you absent separate consent or court order).

- Fundraising communications. We (or a covered entity that receives SUD records) will not use your SUD-related information for fundraising purposes.
- Right to request restrictions. You may request that we restrict certain uses or disclosures of your SUD records for treatment, payment, or health care operations consistent with Part 2 and HIPAA. We are not obligated to agree to every request, but if Part 2 grants you the right to restrict such uses or disclosures, we will follow the restriction (unless otherwise required by law).
- Right to an accounting of disclosures. You have the right to receive an accounting of certain disclosures of your SUD records made in the past three years, to the extent required by Part 2.
- Right to file a complaint. You may file a complaint with us or with the Secretary of Health and Human Services if you believe your Part 2 confidentiality rights have been violated. We will not retaliate against you for filing a complaint.

How to Exercise These Rights

To request any of the above, or for more information, please contact an Entity Privacy Coordinator using the information provided below. We will provide you with a written response in accordance with applicable law and within required timeframes.

- ▶ **Individuals Involved in Your Care or Payment for Your Care.** We may release your medical information to a friend, family member, or other person identified by you who is involved in your medical care or helps pay for your care. We may also share information with family or friends to let them know your condition and that you are receiving care at our facility. In addition, we may disclose your medical information to a public or private organization authorized to assist in disaster relief efforts so that your family or others responsible for your care can be notified about your condition, status and location. You have the right to request that we not disclose your medical information to your friends or family members. We will consider your request and honor it when possible, unless disclosure is otherwise permitted or required by law, such as when you are unable to agree or object and we determine that disclosure is in your best interest.
- ▶ **Appointment Reminders and Health-Related Benefits and Services.** We may use and disclose medical information to contact you about appointments, treatment options, and other health-related benefits or services available from the UAB School of Optometry. We may contact you by mail, telephone, text, or email. For example, we may leave a voice message or send a text reminder to you about upcoming appointments at the telephone number you provide or mail you information about services or programs that may be of interest to you. We will not send you communications that constitute marketing under the HIPAA Privacy Rule without your written authorization, except as permitted by law (for example, face-to-face communications or promotional gifts of nominal value).
- ▶ **Research.** We may use and disclose your medical information for medical research. All research involving patient information must go through a special review process required by law to protect patient privacy, such as review and approval by an Institutional Review board or Privacy Board. In most cases, patient authorization is required before medical information is used for research. However, in certain circumstances your authorization is not required—for example, when the research involves reviewing patient records to compare the outcomes of different treatments for the same condition, without contacting the patients directly. Some research may also use health information that has been de-identified or provided as a limited data set that does not directly identify you.

- ▶ **Fundraising Activities.** We may use certain medical information about you to contact you in an effort to raise funds to support the UAB School of Optometry and its operations. We may disclose medical information to a foundation related to the UAB School of Optometry so the foundation may contact you in raising funds for the UAB School of Optometry. For example, we may use or disclose the following information to contact you for fundraising purposes: your name, address and phone number, the physicians and optometrists who furnished the services, and the location and dates you received treatment or services at the UAB School of Optometry. Note, however, that SUD information will not be used for fundraising purposes. If you do not want the UAB School of Optometry to contact you for fundraising efforts, you have the right to opt out of fundraising communications, as described in every fundraising communication.
- ▶ **Certain Marketing Activities.** The UAB School of Optometry may use medical information about you to provide promotional gifts of nominal value, to communicate with you about services offered by the UAB School of Optometry, to communicate with you about case management and care coordination, or to tell you about treatment alternatives. These communications are permitted under federal law and do not require your written authorization. We will not use or disclose your information for other marketing purposes without your written authorization. If we receive any payment from a third party in connection with a marketing communication, we will obtain your prior written authorization before using or disclosing your information. The UAB School of Optometry does not sell your medical information to any third party for their marketing purposes.
- ▶ **The UAB School of Optometry Directory.** We may include certain limited information about you in the UAB School of Optometry directory while you are a patient at the UAB School of Optometry. This information may include your name, location in the UAB School of Optometry, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. This information and your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends, and others can visit you and generally know how you are doing. You may request that we remove your information from the School of Optometry directory at any time.
- ▶ **Business Associates.** There are some services provided in the UAB School of Optometry through contracts with business associates. Examples include a copy service we use when making copies of your health record, consultants, accountants, lawyers, medical transcriptionists and third-party billing 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. To protect your health information, we require the business associate to appropriately safeguard your information.
- ▶ **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.
- ▶ **Public Health Activities.** We may disclose medical information about you to public health authorities authorized by law to prevent or control disease, injury, or disability. For example, we are required to report the existence of a communicable disease, such as tuberculosis, to the Alabama Department of Public Health to protect the health and well-being of the general public. We may disclose medical information about you to individuals exposed to a communicable disease or otherwise at risk for spreading the disease. We may disclose medical information to an employer if the employer arranged for the healthcare services provided to determine whether you suffered, or to treat, a work-related injury.

- ▶ Food and Drug Administration (FDA). We may disclose medical information to the Food and Drug Administration (FDA) or to manufacturers subject to FDA regulations when necessary to report adverse events related to food, dietary supplements, or products; to report product defects or problems; to conduct post-marketing surveillance; or to enable product recalls, repairs, or replacements.
- ▶ Victims of Abuse, Neglect or Domestic Violence. We may disclose medical information about you to public health or social service agencies or other government authorities that are authorized by law to receive reports of abuse, neglect, or domestic violence. For example, we are required to report suspected cases of child abuse or neglect, and in some circumstances, elder and domestic abuse or neglect to the appropriate State of Alabama authorities. We will make these disclosures only to the extent required or permitted by law.
- ▶ Health Oversight Activities. We may disclose medical information about you to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure, as well as other activities necessary for the government to monitor the healthcare system, government benefit programs, compliance with civil rights laws, and compliance with other legal requirements.
- ▶ Lawsuits and Disputes. If you are involved in a lawsuit or other legal dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process from someone involved in the dispute, but only if efforts have been made to notify you about the request or to obtain an order protecting the information requested. We may disclose medical information for judicial or administrative proceedings, as permitted or required by law.
- ▶ Law Enforcement. We may release medical information for law enforcement purposes as permitted or required by law. These purposes include responding to a court order, warrant, subpoena, summons, or other lawful process; identifying or locating a suspect, fugitive, material witness or missing person; reporting information about a victim of crime in limited circumstances; reporting a death that may have resulted from criminal conduct; or reporting suspected criminal conduct that occurred on our premises.
- ▶ Coroners, Medical Examiners and Funeral Directors. We may release medical 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 medical information about patients of the hospital to funeral directors as necessary to carry out their duties.
- ▶ Organ and Tissue Donation. If you are an organ, tissue, or eye donor or recipient, we may use or release your medical 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 medical 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.
- ▶ Military and Veterans. If you are a member of the armed forces, we may disclose medical information about you as required by military command authorities. We may also disclose medical information about foreign military personnel to the appropriate foreign military authority. We may disclose health information to the U.S. Department of Veterans Affairs to determine eligibility for benefits or to coordinate care, if applicable.

- ▶ **National Security and Intelligence Activities.** We may release medical information about you 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 medical information about you 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 disclose your medical information as authorized by law for workers' compensation or similar programs that provide benefits for work-related injuries or illnesses. These disclosures will be limited to medical information related to such work-related injuries and illnesses as required by applicable law. Such disclosures may include providing information to your employer, if your employer arranges for the health care services provided to you and the information is needed to evaluate or treat a work-related illness or injury, or to comply with workplace medical surveillance laws.
- ▶ **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 medical information about you 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 limited uses or disclosures 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. Note that psychotherapy notes are the personal notes of a mental health professional that document or analyze the contents of a counseling session and are kept separate from the rest of your medical record. Routine mental health information—such as your diagnosis, medications, treatment plan, session times, or progress notes—is part of your regular medical record and is not considered psychotherapy notes under federal law. Any other uses and disclosures not described in this Notice will be made only with your written authorization.
- ▶ **Special Note.** Once your medical information is disclosed for permitted purposes or according to your request, it may be subject to redisclosure and no longer protected by federal regulations.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

Although all records concerning your treatment obtained at the UAB School of Optometry are the property of the UAB School of Optometry, you have the following rights regarding medical information we maintain about you:

- ▶ **Right to Inspect and Obtain a Copy.** You have the right to inspect and obtain a copy of your medical information maintained by the UAB School of Optometry, except in limited circumstances. Medical and billing records are included in this right, but not psychotherapy notes, information compiled for use in a legal proceeding, and certain research records while the research is ongoing. We may deny your request if a licensed healthcare professional determines that access is reasonable likely to endanger your life or physical safety, or that of another person.

The 21st Century Cures Act prohibits us 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 of, or use of your electronic health information, to the extent the law applies to the School of Optometry.

To inspect or obtain a copy of your medical information, submit your request in writing to the Entity Privacy Coordinator. If you request a paper or electronic copy of the information, we may charge a reasonable, cost-based fee for copying, mailing or other supplies associated with your request.

In certain limited circumstances, we may deny your request to inspect and obtain a copy of your medical information. If your request is denied, you will receive a written notice explaining the reason for the denial and how to request a review by another licensed healthcare professional, when applicable.

▶ **Right to Amend.** If you feel that medical information, we have about you is incorrect or incomplete, you have the right to request an amendment. You may request an amendment for as long as the information is maintained by or for the School of Optometry.

Your request for amendment must be made in writing on the required form, identify the specific records you wish to amend, explain why you believe the information is incorrect or incomplete, and be submitted to the Entity Privacy Coordinator.

We may deny your request for amendment in certain limited circumstances. If we deny your request, we will provide a written explanation of the reason for the denial and describe your options, including your right to submit a written statement of disagreement or to have your request included with your record.

▶ **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures," which is a list of certain disclosures of your health information that we made to others without your written authorization. The accounting includes disclosures such as those made in response to a court order or subpoena or to a public health authority but does not include disclosures exempted by law. For example, an accounting of disclosures does not include disclosures made for treatment purposes, payment, or healthcare operations purposes. The right to an accounting applies only to disclosures, not to internal uses or routine access to your electronic health record. You are not entitled to receive a list of the individual healthcare providers, staff members, or other personnel who have viewed or used your medical records for purposes of treatment, payment, or healthcare operations.

To request an accounting of disclosures, you must submit your request in writing on the required form to the Entity Privacy Coordinator. Your request must specify a time period that may not be longer than six years before the date of your request and should indicate the format in which you would like the list (for example, on paper or electronically). The first list you request within a 12-month period will be provided at no charge. For additional lists, we may charge a reasonable, cost-based fee. We will notify you of the cost before the list is prepared, and you may choose to withdraw or modify your request to reduce or avoid the fee.

▶ **Right to Request Restrictions.** You have the right to request that we restrict or limit how we use or disclose your medical information for treatment, payment, or healthcare operations. You also have the right to request a limit on your medical information we disclose to someone involved in your care or 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 most circumstances. However, we must agree to your request in two situations:

1. If you ask us not to disclose information about an item or service to a health plan for payment or healthcare operations purposes and you (or someone else on your behalf) have paid in full for that item or service out of pocket; and
2. If you ask us not to disclose your information to family members or friends involved in your care or payment for your care.

If we do agree to your request, we will comply with your request unless the information is needed to provide you with emergency treatment, or we are required by law to disclose it. If we deny your request, we will tell you why and explain your options.

To request a restriction, you must submit your request in writing on the required form to the Entity Privacy Coordinator. Your request must specify (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom the limits should apply, for example, disclosures to a family member.

► **Right to Request That Health Information Pertaining to Services Paid Out of Pocket Not Be Sent to Insurance or Other Health Plans.**

You may choose to pay for a healthcare item or service out of pocket rather than submit a claim to your health plan. If you do so, you have the right to request that we not disclose information about that item or service to your health plan for payment or healthcare operations purposes. To request this restriction, you must make your request in writing on the required form to the Entity Privacy Coordinator before the treatment or service. Your request must specify (1) what information you want limited and (2) which health plan should not receive the information. We will agree to your request if the disclosure would otherwise be made for payment or healthcare operations purposes and is not required by law. This restriction applies only to the specific item or service that was paid for in full out of pocket and does not affect disclosures to your healthcare providers for treatment or when the law requires us to make a disclosure.

► **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask we contact you only at work, by mail, or at a certain address or telephone number.

To request confidential communications, you must make your request in writing on the required form to the Entity Privacy Coordinator and specify how or where you wish to be contacted. We will not ask you the reason for your request, and we will accommodate all reasonable requests. We will always accommodate a request if you state that the disclosure of all or part of your medical information could endanger you.

► **Right to Revoke Authorization.** You have the right to revoke, in writing, any authorization you have provided to use or disclose your medical information, except to the extent that action has already been taken in reliance on your authorization. To revoke an authorization, you must submit your written request to an Entity Privacy Coordinator. Please note that we cannot retract any disclosures we have already made based on your authorization before it was revoked.

► 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, <insert the web address on the School's site where this Notice is posted>. To obtain a paper copy of this notice, contact the Entity Privacy Coordinator.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice at any time. Any revised Notice will apply to medical information we already have about you as well as any information we receive in the future. When we make a material change to this Notice, we will post the revised version in the UAB School of Optometry's facilities and on our website at <insert the web address as above>. The effective date of the current Notice is shown on the first page.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and would like additional information, you may contact the Entity Privacy Coordinator using the information provided below. If you believe your privacy rights have been violated, you may file a complaint with the UAB School of Optometry or with the U.S. Department of Health and Human Services, Office for Civil Rights. To file a complaint with the UAB School of Optometry, contact the Entity Privacy Coordinator. All complaints must be submitted in writing. You will not be penalized or retaliated against for filing a complaint.

NOTICE EFFECTIVE DATE: The effective date of the notice is April 14, 2003, and was last amended on February 16, 2026.

Entity Privacy Coordinator:

Mark W Swanson, OD, MSPH
HIPAA Entity Privacy Coordinator
UAB School of Optometry
UAB Eye Care
1716 University Blvd
Birmingham, AL 35294
205-975-2020

UAB NONDISCRIMINATION AND LANGUAGE ACCESSIBILITY NOTICE

The University of Alabama at Birmingham complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The University of Alabama at Birmingham does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. The University of Alabama at Birmingham:

- 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 in connection with the School of Optometry, contact the Patient Advocacy Office at (205) 934-3077.

If you believe that the University of Alabama at Birmingham 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 in person or by mail, fax, or email as follows:

UAB Human Resources
AB 215, 1720 2nd Avenue South
Birmingham, Alabama 35294-0102
(phone): (205) 934-4458
HRrelations@uab.edu

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, 800-537-7697 (TDD)

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

The School of Optometry will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Civil Rights Coordinator will be responsible for such arrangements.

LANGUAGE ASSISTANCE SERVICES

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-205-996-7343 (TTY: 1-800-548-2546).

Chinese

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 1-205-996-7343。(TTY: 1-800-548-2546)。

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-205-996-7343. (TTY: 1-800-548-2546) 번으로 전화해 주십시오.

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-205-996-7343 (TTY: 1-800-548-2546).

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-502-669-3437 (رقم 1-5482546008 والبكم الصم هاتف:

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-205-996-7343 (TTY: 1-800-548-2546).

French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-205-996-7343 (TTY: 1-800-548-2546).

Gujarati

સુચના: જો તમે ગજરાતી બોલતા હો, તો નન:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-205-996-7343 (TTY: 1-800-548-2546).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-205-996-7343 (TTY: 1-800-548-2546).

Hindi

ध्यान दें: यदि आप हहहहह बोलते हैं तो आपके दलए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-205-996-7343 (TTY: 1-800-548-2546) पर कॉल करें।

Laotian

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັ່ງຄ່າ, ແມ່ນ ນມີ ພ້ອມໃຫ້ທ່ານ. ໂທ 1-205-996-7343 (TTY: 1-800-548-2546).

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-205-996-7343 (TTY: 1-800-548-2546).

Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-205-996-7343 (TTY: 1-800-548-2546).

Turkish

DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-205-996-7343 (TTY: 1-800-548-2546) irtibat numaralarını arayın.

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。1-205-996-7343 (TTY: 1-800-548-2546) まで、お電話にてご連絡ください