

UAB MY HEALTH REWARDS BIOMETRIC SCREENING PROGRAM NOTICE OF HEALTH INFORMATION PRACTICES AND UAB NOTICE OF NONDISCRIMINATION

*Effective Date: January 26, 2015
Amended: 2/10/17; 10/25/17
Most recently amended: March 1, 2019*

THIS NOTICE APPLIES TO THE UAB MY HEALTH REWARDS BIOMETRIC SCREENING PROGRAM AND NOT TO ANY OTHER UAB SPONSORED WELLNESS ACTIVITY. IT DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY THE UAB MY HEALTH REWARDS BIOMETRIC SCREENING PROGRAM AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Who Will Follow This Notice

THIS NOTICE GIVES YOU INFORMATION REQUIRED BY LAW about the privacy practices of the UAB My Health Rewards Biometric Screening program, a self-insured group health plan and a component of several UAB group health plans ("the Plan"); any business associate(s) of the Plan, including but not limited to ChipRewards, Inc. ("Business Associates"), and any UAB HIPAA covered component providing services to the Plan ("Plan partner(s)"). This notice does not apply to employees or nonemployees who may participate in other wellness activities offered by the UAB or its Wellness Program, but who do not participate in the UAB My Health Rewards Biometric Screening program. The Plan Sponsor is a hybrid covered entity, and this Notice applies to the Plan and the administrative departments at UAB, the University of Alabama System, the UAB Health System, and the UAB Hospital Management, LLC., that may provide legal, billing, auditing, technology support or other administrative support for the Plan. These departments include, but are not limited to, the University of Alabama System ("UAS") Office of Counsel; the UAS Office of Internal Audit; the UAB Privacy and Security Officers; the UAB Human Resources department, Information Technology, and Compliance departments; and, the UAB and UAS Risk Management. For purposes of this Notice, the group health plan and its affiliated administrative support departments, when providing administrative support for the group health plan are referred to as the "Plan".

The Plan is a voluntary wellness program available to all employees. The Plan is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the Plan you will be asked to complete a biometric screening, which will include a health risk profile or assessment ("HRA") and a blood test for Total Cholesterol, Glucose, High-Density Lipoproteins, Triglycerides, Low-Density Lipoproteins, Cholesterol Ratio/Cardiac Risk and *if necessary*, A1C. You are not required to complete the HRA or to participate in the blood test or other medical examinations; however, employees who choose to participate in the Plan will receive the following:

- a HRA, which is an evaluation of your health-risk level;
- benefit eligible employees enrolled in an active UAB health care plan may qualify to earn \$50 for participating, independent of results and health outcomes.

- Opportunities to participate in targeted health programs for assistance in reaching your health goals. Employees may participate in topic specific education classes, healthy cooking classes and individual nutrition counseling opportunities related to weight management, heart health and diabetes.

Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive these incentives.

The results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as classes related to heart disease, diabetes and weight management. You also are encouraged to share your results or concerns with your own doctor.

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the Plan may use aggregate information it collects to design a program based on identified health risks in the workplace the Plan will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, as described below, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the Plan will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except as described below, to the extent permitted by law to carry out specific activities related to the wellness program. You will not be asked or required to waive the confidentiality of your health information as a condition of participating in the Plan or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the Plan will abide by the same confidentiality requirements. Except as provided below, the only individual(s) who will receive your personally identifiable health information are the Plan, Business Associate(s), Inc., and Plan Partner(s) in order to provide you with services under the wellness program.

In addition, all medical information obtained through the Plan will be maintained separate from your personnel records and no information you provide as part of the Plan will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the Plan, nor may you be subjected to retaliation if you choose not to participate.

The Plan provides health benefits to you, and receives and maintains your health information in the course of providing these benefits to you. The Plan may hire business associates to help it provide these benefits to you. These business associates also receive and maintain your health information in the course of assisting the Plan. For purposes of this Notice, the Plan, Business Associate(s) and Plan Partner(s) are referred to herein as “we” or “our”.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a membership record of your enrollment in the Plan. We also maintain records of payments we have made for

health care services you have received and medical information we have used and disclosed to make decisions about your care. We need these records to provide the benefits and services you are entitled to receive as a member of the Plan and to comply with certain legal and regulatory requirements. This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have 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;
- give you this Notice of our legal duties and privacy practices with respect to medical information about you;
- notify you in the case of a breach of your unsecured identifiable medical information; and
- follow the terms of the Notice that is currently in effect until it is replaced.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose 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 your information will fall within one of the categories.

- **For Treatment and Treatment Alternatives.** We may use or disclose medical information about you to help your doctors and other health care providers coordinate or arrange your medical treatment or care. For example, we 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, we may help your health care provider coordinate or arrange medical services that you need, or help your health care provider find a safer prescription drug alternative. We may also disclose medical information about you to people outside of the Plan who may be involved in your medical care, such as your family members or close friends. We may use and disclose your medical information to tell you about health-related benefits or services that may be of interest to you.
- **For Payment.** We may use and disclose medical information about you 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) that provide coverage for you;
 - pursuing recoveries from third parties (subrogation); and
 - providing eligibility information to health care providers.
- **For Routine Health Care Operations.** We may use and disclose medical information about you for our routine operations. These uses and disclosures are necessary for the Plan to operate and make sure that all its members receive quality care. We may also combine medical information about many plan 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;
- 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; and
- underwriting, premium rating, or other activities relating to the issuing, renewal or replacement of the Plan.

Note: We will not use or disclose genetic information about you for underwriting purposes.

- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to the Subscriber, a friend or family member who is involved in your medical care or payment for your medical care, and to your personal representative(s) appointed by you or designated by applicable law. State and federal law may require us to secure permission from a child age 14 or older prior to making certain disclosures of medical information to a parent. In addition, we may disclose medical information about you 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 medical information to contact you and remind you to talk to your doctor about certain covered medical screenings or preventive services. We may also use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Research.** Under certain circumstances, we may use and disclose medical information about you to researchers when their clinical research study has been approved by a facility's Institutional Review Board. Some clinical research studies require specific patient consent, while others do not require patient authorization. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. This would be done through a retrospective record review with no patient contact. The Institutional Review Board reviews the research proposal to make certain that the proposal has established protocols to protect the privacy of your health information.
- **Certain Marketing Activities.** We may use medical information about you to forward promotional gifts of nominal value, to communicate with you about services offered by the Plan, 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 the Plan provides through contracts with business associates. One example is our arrangement with ChipRewards to serve as the third party administrator of the Plan. Other examples include a copy service we use when making copies of your health information, or other arrangements for consultants, accountants, lawyers, and subrogation companies. When these services are contracted, we may disclose your health information to these business associates so that

they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

- **The Plan Sponsor (Your Employer).** We may disclose, in summary form, your claim history and other similar information to the Plan Sponsor, your Employer. 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 dis-enrolled from, the Plan. Business Associate(s) may disclose medical information about you to certain employees of the Plan Sponsor, whose job it is to administer the Plan to perform certain administrative functions on behalf of the Plan (for example, to assist you or others acting on your behalf, in resolving complaints or coverage issues or to develop other benefits or services which may be helpful to you). The Plan agrees to ensure the continuing confidentiality and security of your protected health information. The Plan also agrees not to use or disclose your protected health information for employment-related activities. If you are enrolled in a UAB sponsored group health plan, we or our business associates may disclose your medical information to business associates of those group health plans of which the Plan is a component to perform administrative functions on behalf of the Plan.
- **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 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 medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, licensure, and inspections. These activities are necessary for 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 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 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 medical information for judicial or administrative proceedings, as required by law.
- **Law Enforcement.** We may release medical 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 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.
- **Organ and Tissue Donation.** If you are an organ donor, we may use or release medical information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organ, eye or tissue to facilitate organ, eye or tissue donation 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 release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- **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 release medical information about you for workers' compensation or similar programs. 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 medical information about you to the correctional institution or law enforcement official.
- **Other uses and disclosures.** We will obtain your 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 MEDICAL INFORMATION ABOUT YOU.

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

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes enrollment and biometric screening information held by Business Associate(s).

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Business Associate(s)' Privacy Officer (see contact information later in this Notice). If you request a copy (paper or electronic) of the information, you will be charged a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by Business Associate(s) will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information kept by Business Associate(s).

To request an amendment, your request must be made in writing on the required form and submitted to ChipRewards' Privacy Officer (see contact information later in this Notice). In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the medical information we keep;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of certain disclosures we made of medical information about you for reasons other than treatment, payment or health care operations.

To request this list or accounting of disclosures, you must submit your request in writing on the required form to ChipRewards' Privacy Officer (see contact information later in this Notice). Your request must state a time period which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, 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 at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you 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. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing on the required form to ChipRewards' 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 the use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **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 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 ChipRewards' Privacy Officer (see contact information later in this Notice). 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. Your request must specify how or where you wish to be contacted.

- **Right to Revoke Authorization.** You have the right to revoke your authorization to use or disclose your medical information except to the extent that action has already been taken in reliance on your authorization. Revocations must be made in writing to ChipRewards' 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 of this Notice.

You may obtain a copy of this Notice at: www.uab.edu/myhealthrewards.

To obtain a paper copy of this Notice, call the UAB Wellness Program at (205) 975-0765 or ChipRewards at (205) 323-4008.

YOUR RESPONSIBILITIES FOR PROTECTING MEDICAL INFORMATION.

As a member of the Plan, you are expected to help us safeguard your medical information. For example, you are responsible for letting us know if you have a change in your address or phone number. 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. We reserve the right to make the revised or changed Notice effective for medical 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, we will include the new Notice in our annual distribution to all Plan Subscribers covered by the UAB My Health Rewards Biometric Screening program upon enrollment into the Plan. We will also post the new Notice on the Plan's website at: www.uab.edu/myhealthrewards. The Notice will contain the effective date on the first page.

FOR MORE INFORMATION OR TO REPORT A PROBLEM.

If you have questions and would like additional information, you may contact UAB's Privacy Officer (see contact information below). If you believe your privacy rights have been violated, you may file a complaint with UAB or with the Secretary of the Department of Health and Human Services. To file a complaint with UAB, contact UAB's Privacy Officer (see contact information below).

All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

UAB PRIVACY OFFICER – CONTACT INFORMATION.

UAB Privacy Officer
GSB 415, 619 19th Street South, Birmingham, AL 35233
(205) 996-5051

NOTICE EFFECTIVE DATE: The effective date of the Notice is January 26, 2015.

For requests to inspect, copy, amend, restrict your medical information or for request for an accounting of disclosures of your medical information, contact the CHIPREWARDS PRIVACY OFFICER.

CHIP REWARDS PRIVACY OFFICER – CONTACT INFORMATION.

ChipRewards
Attention: Privacy Officer
2901 Second Avenue South
Suite 210
Birmingham, AL 35233
205-777-0304
privacy@chiprewards.com

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

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 UAB Wellness program, contact Anna Threadcraft, Director of Employee Wellness at (205) 975 - 7775 .

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 with: Anita Clemon, Staff Institutional Equity Officer, AB 336, 1720 2ND Avenue South, Birmingham, Alabama 35294-0102, (phone): (205) 975-8258; (fax) (205) 934-5053; aclemon@uab.edu. You can file a grievance in person or by mail, fax, or email.

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>.

UAB Wellness 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

مقر) 1-3437-669-502 موزة لصرنا. ناجملاب لكل رفاونق قنوقلا قدعاسملا تامدخ نك، قنوقلا ركذا شحتت نك اذ: قنوقلا

هاتف المرم واليكم: 1-5482546008

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:શુદ્ધ 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 □□□□ 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 ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ ຜ່ຽກຳ, ແມ່ນ ນິມີພ້ອມໃຫ້ທ່ານ.

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。