Important Notices for D-SNP Members

Contents

Last Revised: 7/8/2026

HIGHMARK

Because Life.™

Ensuring Quality Care and Service

Highmark Health Options Duals (HMO SNP) wants to make sure you get the best health care possible. The Quality Improvement (QI) Program wants to know how well we are doing. We are always working to help you:

- **Stay healthy:** Get checkups and prevent illness.
- **Manage health problems:** Get the right care for ongoing health issues.
- **Understand your medicines:** Know what your medicines do and how to take them.
- **Stay out of the hospital:** Get the care you need to avoid hospital stays.
- **See a doctor:** Have easy access to doctors.
- **Go to your appointments:** Make and keep your doctor visits.
- **Talk to your doctor:** Share important health information.
- **Get care that fits you:** Receive care that respects your background and beliefs.

The QI Program uses tools to see how we are doing and to help set goals for the future. Some of these tools include looking at survey results, medical record reviews, and using the Healthcare Effectiveness Data Information Set (HEDIS®), which is the way to measure health care quality nationally. We also work closely with doctors to make sure you're getting the best care and figure out what we can do to be better.

Highmark has a QI Work Plan that tracks all the things that happen in our QI Program. We check this Work Plan every three months to find ways to improve. Every year, we also review the whole program to see what we did well and where we can do better.

Please call the number on the back of your member ID card **(TTY: 711)** if you would like to request more information about our QI Program.

Last Revised: 4/16/2025

Continuity of Care and You

It is important for your health care providers, such as your primary care physician (PCP) and specialists, to share information with one another. If you see a new doctor, tell your PCP and other specialists so they have all the information to make the best decisions to treat you and help you stay healthy. Take an active role in your health!

So you can receive the best care possible, be sure to tell your doctors about:

- All sicknesses and health problems you have.
- Any drugs prescribed by a doctor that you take.
- Any herbal remedies or vitamins.
- Any hospital stays, emergency room visits, planned or unplanned surgeries.

We can help you work with your doctors too. Every year, members are asked to complete a yearly Health Survey. This helps us understand how we can best serve you. Based on your answers and other conversations, we will help you create your personalized care plan to help you meet your health care goals. You can access it at any time through your Member Portal account.

We also share your care plan with your doctor. Highmark wants to make sure you are getting all the care and services you need, so we offer care team meetings between you, your doctor, and your Highmark Care Coordinator.

If you would like to take your Health Survey, get a copy of your care plan, or schedule a care team meeting, please call the number on the back of your card **(TTY: 711)**. We are available to help you Monday–Friday, 8:30 a.m.–4:30 p.m.

Last Revised: 4/16/2026

Clinical Practice and Preventive Health Guidelines

Highmark helps doctors make sure you get the best care every time. Highmark has guidelines to help you stay healthy, such as annual screenings and adult well visits. There are guidelines for certain conditions like asthma, diabetes, heart disease, depression, and COPD.

It is also important for your health care providers, like your Primary Care Physician (PCP) or specialists, to share information with one another. Talking with each other helps your PCP stay informed about the care you get from other providers. Your provider can take care of you best when they know about all of your care. Play an active role in your health!

Be sure to tell your PCP about any of the following:

- Illnesses and health problems you have.
- Any other doctors you have seen since your last visit.
- Medicines prescribed by any other doctors.
- Any surgeries you have had.

This will help your doctors give you the best care possible. To see the complete listing of physical health and behavioral health guidelines, go to Highmark's website.

For a paper copy, please call the number on the back of your card **(TTY: 711)**.

Last Revised: 4/27/2026

Highmark Practitioner Excellence Program

Highmark wants our members to have the best health care. This is why we have the Practitioner Excellence Program. We know how important doctors are in caring for our members. We work together to give the best health care to our members and their families.

Which doctors are in the Program?

Primary Care Doctors including Family Practice, Internal Medicine, Certified Registered Nurse Practitioners (CRNP), Physician Assistants, and Pediatrics.

If you want more information on the program, please call Highmark Member Services at the number is listed on the back of you ID card **(TTY: 711)** or ask your Primary Care Doctor.

Last Revised: 4/23/2026

Member Rights and Responsibilities

There are things you have a right to and things you must do as members of Highmark. Those things are listed in a "Rights and Responsibilities" statement, which Highmark looks at and updates every year.

Highmark and its doctors are not allowed to deny care based on your race, color, where you are from, religion, gender, who you like, gender identity, disability, language, or age.

As a Highmark member, you have the right to:

- Receive information from Highmark in a way that works for you (in languages other than English, in Braille, in large print, or other alternate formats, etc.).
- Be treated with respect and dignity.
- Receive timely access to your covered services and drugs.
- Have your personal health information kept private and confidential.
- Receive information from Highmark about the Plan, our network of providers, and your covered services, as well as member rights and responsibilities.
- Have Highmark support your right to participate with doctors in making decisions about your health care.
- To file a complaint and/or to ask Highmark to reconsider decisions the Plan has made by filing an appeal, including complaints about the quality of your care.
- To receive more information about your rights.
- To make recommendations regarding the organization's Member Rights and Responsibilities policy.
- To give instructions about what is to be done if you are not able to make medical decisions for yourself.
- Understand your treatment options and participate in decisions about your healthcare.
- Your choice to exercise these rights will not adversely affect the way Highmark, its providers or any state or federal agency will treat you.
- To request and/or participate in a scheduled Interdisciplinary Care Team (ICT) meeting which may include your assigned Highmark Case Manager, your PCP, caregiver, and any other pertinent personnel directly included in your care.
- To access and have direct input into your individualized care plan (ICP). Your care plan is available on your portal page or can be mailed to you upon request.

As a Highmark Member, you have the responsibility to:

- Get familiar with your covered services and the rules you must follow to get these covered services.
- Inform Highmark if you have any other health insurance coverage or prescription drug coverage in addition to your Highmark plan.
- Tell your doctor and other health care providers that you are enrolled in a Highmark plan.
- Help your doctors and other providers help you by giving them information, asking questions, and following through on your care.
- To respect the rights of other patients and to act in a way that helps your doctor's office, hospitals, and other offices run smoothly.
- Pay your Medicare premiums, and any applicable copayments or late enrollment penalties.
- Notify Highmark and Social Security if you move, regardless of whether it is outside or inside of Highmark's service area.
- Call Member Services for help if you have questions or concerns.

Members can find the statement in their Evidence of Coverage and on Highmark's website by selecting the appropriate plan.

For more information, please call the Member Services number on the back of your card **(TTY: 711)**.

Last Revised: 4/27/2026

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

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

Our responsibilities

At Highmark Health, including its wholly-owned health plan subsidiaries and affiliates (Highmark), we value your privacy. When it comes to managing your information, we are required by law to maintain the privacy and security of your health and non-public personal (financial) information and to provide you with notice of your rights and our duties to keep your information safe and confidential. This Notice of Privacy Practices combines two required privacy notices:

- Health Insurance Portability and Accountability Act (HIPAA) notice of privacy practices
- Gramm Leach Bliley Act (GLBA) privacy notice

In the normal course of doing business, we collect information as necessary to provide you with health insurance products, help manage the treatment you receive, pay for your health services, and to run our business. The information we collect is called Protected Health Information (PHI). PHI is health and financial information that identifies you, or could be used to identify you, and was created or received by a health care provider, a health plan, a health care clearinghouse, or vendor performing activities on behalf of one of these organizations, or your employer (if a group health plan), and is related to one of the following:

- Your past, present, or future physical or mental health or condition;
- Providing you with health care; and,
- The past, present, or future payment for providing you with health care.

This Notice describes our privacy practices, which includes how we use, disclose (share), collect, manage, and protect your PHI and other non-public personal information. This Notice applies to all electronic and paper records we create, obtain, or maintain about you as a member, as well as all forms of communication (oral, written, and electronic) of this information. This Notice does not apply to Highmark in the context of being an employer.

How we protect your privacy

We understand the importance of protecting the confidentiality of your information. We restrict access to your PHI and personal information to those employees, agents, consultants, and health care providers who need to know the information to provide products or services. We maintain physical, electronic, and procedural safeguards that comply with state and federal regulations to protect personal information against unauthorized use, access, and disclosure. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your PHI or non-public personal information.

How we use and share your information

We use and share PHI and other non-public personal information we collect only as necessary to deliver products and services to our members, to operate our business, or to comply with legal requirements. For example, we may use your PHI and non-public personal information internally to manage enrollment, process claims, or audit our operations. We share PHI and non-public personal information with our affiliated companies and non-affiliated third parties, as permitted by law, who assist us in administering our programs, coordinating care, and delivering products and services to our members. We may also share PHI and non-public personal information with other third-party service providers that cooperate with us to jointly promote or administer health insurance products or services. Our contracts with all such service providers require them to protect the confidentiality of our members' information.

Please be advised that once information is shared with a third party other than a health care provider, health plan, or other person subject to federal privacy laws—for example, if you fill out an authorization form directing us to share your PHI with a life insurance carrier—the information may no longer be subject to privacy and security protections, and the recipient may use or share that information for other purposes.

Uses of PHI without your authorization

We have the right to collect, use, and share your PHI, if needed, without your written authorization while providing your health benefits. We have listed a few examples of how we use your information without authorization.

- **Help manage the health care you receive:** To manage the health care you receive, we can use your PHI and share it with health care professionals that are treating you. For example, a doctor sends us information about your diagnosis and treatment plan so we can arrange additional services or assess the quality of your care.
- **Pay for your health services:** We may use and share your PHI as we pay for your health services. For example, we share information about you with your health care provider to coordinate payment for your particular treatment.
- **Run our business:** We may use and share your PHI to run our business and contact you when necessary. For example, we use information about you to develop and enhance products and services offered to our members, and we may share your information among our subsidiaries and affiliated entities for purposes permitted by applicable law.
- **Administer your benefits:** We may share your PHI with your group health plan administrator to perform administrative functions for the benefit plan in which you participate. For example, your employer contracts with us to administer health coverage, and we provide your employer's plan administrator with certain information to explain the premiums we charge, or to enroll or disenroll members in the benefit plan.

We may collect, use, and share your information in other ways without your authorization. We must meet certain conditions in the law before we can share your information for these purposes. The following are some of those examples.

- **As required by law:** We may share your PHI if federal or state law requires the use or disclosure. For example, we must share your PHI with the U.S. Department of Health and Human Services if they want to see that we are following federal privacy laws.
- **Help with public health and safety issues:** We can share your PHI for certain situations such as:
  - Preventing or controlling disease, injury, or disability.
  - Reporting abuse, neglect, or domestic violence.
  - Helping with product recalls.
  - Reporting adverse reactions to medications.
  - Preventing or reducing a serious threat to anyone's health or safety.
- **Respond to lawsuits and legal actions:** We may share your PHI in response to certain legal requests. For example, we may share your PHI in response to a court order, administrative order, or subpoena that complies with applicable law.
- **Respond to requests from coroners, medical examiners, funeral directors, and organ donation agencies:** We may share PHI with a coroner or medical examiner to identify deceased persons and the cause of death. If necessary, we will share PHI with funeral directors. Further, we may share PHI with organizations that handle organ, eye, or tissue donation and transplantation.
- **Do research:** We can use or share your information for health research purposes, subject to certain criteria.
- **Address workers' compensation, law enforcement, health oversight activities, and other government requests:** We can use or share your PHI when needed:
  - For workers' compensation claims.
  - For law enforcement purposes or with a law enforcement official.
  - With health oversight agencies for activities authorized by law.
  - For special government functions such as military, national security, and presidential protective services.
- **Cookies and online services:** We may collect information obtained when you visit and utilize Highmark websites (including My Highmark or other online benefit sites) or mobile device applications. Through the use of cookies, pixels, and other digital tracking technologies, we may collect and share information about your use of these digital services, pursuant to applicable laws, to operate our business and improve our product and service offerings.
- **Underwriting Purposes:** We may use or disclose PHI for underwriting purposes, but we are prohibited from pricing your coverage or denying you coverage based on genetic information.

- **Business Associates:** We may contract with outside entities that perform business services for us that may require them to use or access your PHI. These entities are called business associates. We will have a written contract in place with the business associate requiring protection of the privacy and security of your health information. For example, we may share your PHI with a business associate to analyze your use of our websites and mobile device applications including, but not limited to, access times, pages viewed, etc. We may also use your PHI to develop, operate, and improve machine learning and other artificial intelligence solutions, for example, to support transcription of customer service calls or claims processing. You should review our Digital Privacy Policy and any applicable Terms of Use for supplemental details regarding our online services, the information we collect, and the terms associated with a particular website or application.
- **Health Information Exchange (HIE):** We may participate in certain Health Information Exchanges (HIEs), which may be an opt-in or opt-out model. An HIE is a secure electronic data sharing network which allows us to share health information electronically with other healthcare entities, such as insurers, health systems, hospitals, and physicians participating in your care for the purposes of treatment, payment, and healthcare operations. The health information we may share includes your claims, medical history, diagnosis, notes, test results, current medications, allergies, immunizations, and other vital information needed for your care. All providers who participate in an HIE have agreed to privacy and security rules to protect your health information from unauthorized access, use or disclosure. You cannot choose to have only certain providers access your information. If you do not want your health information to be accessed through an HIE, you may choose not to participate or "opt-out" where applicable. Even if you opt-out, this will not prevent your health information from being shared in other ways as authorized or allowed by law for purposes such as managing your health care, paying claims for services you received, or administering your benefits.
- **Organized Health Care Arrangement (OHCA):** Highmark and its affiliated system of healthcare providers, Allegheny Health Network (AHN), participate in an OHCA to conduct analysis for quality assessment and improvement activities, utilization review and related activities to facilitate more effective and efficient health care services for our members and patients. Individual PHI may be accessed, used and/or disclosed as necessary to carry out treatment, payment, or health care operations relating to the OHCA.
- **Inmates:** If you are an inmate of a correctional institution, we may share your PHI with the correctional institution to provide you with health care, or to protect your health and safety or the health and safety of others.

Uses of PHI that require your authorization

Sometimes we are required to obtain your written authorization for the use and disclosure of your PHI. For example, we would need your authorization:

- To use your PHI for certain marketing purposes;
- To sell your information;
- To share your substance use disorder counseling notes; and
- To share your psychotherapy notes.

Withdrawal

We will not use or share your information other than as described in this Notice, or as permitted or required by applicable law, unless you tell us we can in writing. You may change your mind at any time by letting us know in writing. Any change or withdrawal of authorization will be effective for future uses and disclosures of PHI. It will not impact use of information or disclosures that we have already made while your previous authorization was in effect.

Compliance with State and Federal laws

We are required to comply with federal and state laws when they offer greater privacy protection for certain types of PHI. Where such laws apply, we will follow the stricter laws related to the use and sharing of sensitive PHI, such as:

- Genetic information.
- HIV/AIDS testing, diagnosis, or treatment.
- Venereal or communicable disease testing, diagnosis, or treatment.
- Alcohol or drug abuse prevention, treatment, and referral.
- Psychotherapy notes.

Your personal information

We may also collect, use, and share other non-public personal information to administer our health and benefit programs. Personal information identifies you and may include such items as your name, address, telephone number, date of birth and Social Security number, or it may relate to health care services or premium payment history. We collect your personal information either directly from you or from others such as doctors, hospitals, or other insurers, as applicable. In some cases, we may also share your personal information with third parties and without your authorization as permitted or required by law. If sharing your personal information for a specific reason requires us to give you a chance to opt-out, we will give you that opportunity.

Your choices

For certain health information, you can tell us your choices about what we share. We may use and share your information in the situations described below but you have the right to limit or object to sharing information for these reasons.

- Under certain circumstances, we may share your PHI with your family or close friends that you have identified as being involved in your health care or payment for your health care, unless you tell us not to do so. If you are unable to provide us permission, then we may provide the information we determine is in your best interest based on our professional judgement.
- We may share your information in a disaster relief situation.
- We may use or share your name, address, phone number, and the dates you received services to contact you to support our fundraising efforts, consistent with applicable laws.

Your individual rights

When it comes to your health information, you have certain rights. The following is a description of those rights. Any request must be in writing and signed by you or your authorized representative. You can obtain more information about how to submit your request by calling the Customer Service phone number on the back of your Member ID card. You may also request more information or submit your request in writing to the contact listed at the end of this Notice.

- **Get a copy of your health and claims records:** You can ask to review or receive copies of your health and claims records that we have about you in a designated record set. We will provide a copy or summary of your health and claims records. We may charge a reasonable cost-based fee.
- **Get a list of those with whom we have shared information:** You can ask for a list (an "accounting") of the times we have shared your PHI that are for reasons other than treatment, payment, health care operations, or those which you authorized. You may request the date range you want to review; however, this is limited to six years before the date of your request.
- **Ask us to limit what we use or share:** You can ask us not to use or share certain health information about you for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it is not consistent with the law, our policies, or our business operations.
- **Request confidential communications:** You can ask us to contact you in a specific way, or at a different address, if you believe that sharing your PHI could place you in danger. For example, you may ask that we contact you only at your work address or your work email.
- **Ask us to correct or amend health and claims records:** You can ask us to correct, or amend, your health and claims records if you believe they are incorrect or incomplete. Your request must explain why you believe the information needs to be corrected. We may say "no" to your request, but we will tell you why in writing.
- **Choose someone to act for you:** If you have given someone medical power of attorney or if someone is your legal guardian or other authorized representative, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- **Get a paper copy of this Notice:** You can ask for a paper copy of this Notice, even if you have agreed to receive the Notice electronically.

Changes to the terms of this Notice

On an ongoing basis, it may become necessary to revise the terms of this Notice. Any changes will apply to all information we have about you. If the Notice significantly changes, the new Notice will be available upon request, on our website, and we will mail a copy to you in our annual mailing.

Complaints

If you want more information about our privacy practices or are concerned that we may have violated your privacy rights, you can complain to us using the following contact information:

Privacy Operations
120 Fifth Avenue Place
Suite 2114
Pittsburgh, PA 15222
1-800-985-2050
HighmarkHealthPrivacy@highmarkhealth.org

You may also file a complaint with the U.S. Department of Health and Human Services by using the following contact information:

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue S.W.
Washington, D.C. 20201
1-877-696-6775
hhs.gov/ocr/privacy/hipaa/complaints

We support your right to protect the privacy of your PHI. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Effective Date

We must follow the privacy practices described in this Notice while it is in effect. This Notice is revised and effective as of Sept. 2025 and will remain in effect unless we replace it.

ADDITIONAL PROVISIONS: PRIVACY PRACTICES RELATED TO SUBSTANCE USE DISORDER (SUD) RECORDS

These additional provisions to this Notice apply only to federally regulated SUD records. Your SUD records will be protected by federal and state privacy laws. Unless specifically indicated in these additional provisions, your SUD records will have the same protections and you will have the same rights as described elsewhere in this Notice. The following provisions identify added protections for SUD records, as required by law.

When we can use and share your SUD records

For PHI collected by a SUD program governed by federal regulations, your consent will be obtained for all future uses or disclosures for treatment, payment, and healthcare operations before sharing such information consistent with applicable privacy laws. We may also obtain your consent to disclose SUD records to prevent multiple enrollments in withdrawal management or maintenance treatment programs, or to persons within the criminal justice system who have made participation in the substance use disorder program a condition of the disposition of any criminal proceedings against you or of your parole, or other release from custody, provided the disclosure is permitted by applicable privacy laws. In most cases, your consent is obtained for this when you begin treatment with a program covered under federal regulations. Except as described in these additional provisions, any other uses or disclosures of your SUD records will require your written consent.

Records that we share with your consent to a third party regulated by federal privacy laws may be further disclosed, without your written consent, by the third party, to the extent permitted by federal privacy laws.

We may use and share SUD records without your consent for the following reasons when all conditions required by federal law are met: medical emergencies, scientific research, management audits, financial audits, program evaluation, and disclosures to public health authorities when the health records are de-identified.

Prohibition on sharing records in civil, criminal, administrative, or legislative proceedings

We will not use or share your SUD records (or provide testimony based on such information) in any civil, criminal, administrative, or legislative proceedings against you, unless you have provided your written consent, or a special type of court order has been obtained, and you have had the opportunity to object.

Opt-out for fundraising

We will only use or share records to fundraise for the benefit of a SUD treatment program if you are first provided with an option to elect not to receive fundraising communications. You can request to no longer receive fundraising communications following your participation in a SUD program, even if you initially permitted us to send such communications.

Important Phone Numbers

MEMBER SERVICES
1-833-957-0025 (TTY: 711)

Monday–Friday, 8 a.m.–5 p.m.

24-HOUR NURSE LINE
1-833-957-0025 (TTY: 711)

24 hours a day, 365 days a year

CARE COORDINATION
1-833-957-0025 (TTY: 711)

Monday–Friday, 8 a.m.–5 p.m

FRAUD, WASTE, AND ABUSE HOTLINE
1-844-718-6400 (TTY: 711)

NATIONAL HELPLINE TREATMENT REFERRAL AND INFORMATION
1-800-662-4357 (TTY: 711)

24 hours a day, seven days a week

REPORT SUSPECTED ABUSE OF AN OLDER ADULT
1-800-352-6513

WV TOBACCO QUIT LINE
1-800-QUIT-NOW (1-800-784-8669)

THE 988 SUICIDE AND CRISIS LIFELINE
Call or text **988**

FITNESS BENEFIT
1-888-423-4632 (TTY: 711)
Monday–Friday, 8 a.m.–8 p.m.

TRANSPORTATION BENEFIT
1-833-623-2630 (TTY: 711) and select prompt #5

Monday–Friday, 8 a.m.–5 p.m.
Saturday, 9 a.m.–1 p.m.

FLEX CARD (PAYFORWARD)
1-833-623-2619 (TTY: 711)

RX ASSISTANCE PROGRAM
1-800-550-8722 (TTY: 711)

All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

Highmark Health Options West Virginia Inc. d/b/a Highmark Blue Cross Blue Shield is an independent licensee of the Blue Cross Blue Shield Association. Highmark Health Options Duals is offered by Highmark Blue Cross Blue Shield. Highmark Health Options Duals offers HMO plans with a Medicare Contract. Enrollment in these plans depends on contract renewal.

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Highmark Health Options Duals complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation. Highmark Health Options Duals does not exclude people or treat them differently because of their race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation.

Highmark Health Options Duals provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters.
- Written information in a different way, including large print, audio, and Braille.

Highmark Health Options Duals 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 Highmark Health Options Duals Member Services at 1-833-957-0025 (TTY: 711), Monday – Friday, 8 a.m. – 5 p.m.

If you believe that Highmark Health Options Duals has failed to provide these services or discriminated against you in another way because of your race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation, you can file a complaint with Highmark Health Options Duals or the WV Human Rights Commission by mail, phone, or fax.

Highmark Health Options Duals
Attn: Appeals and Grievances
P.O. Box 890416
Camp Hill, PA 17089-0416
1-855-430-9852 (TTY: 711)
Fax: 1-833-560-1828

WV Human Rights Commission
1321 Plaza East, Room 108A
Charleston, WV 25301
304-558-2616
Fax: 304-558-0085
hho.fyi/wv-hrc

If you need help filing a complaint, Highmark Health Options Duals and the WV Human Rights Commission are 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 online at OCRPortal.hhs.gov, and by mail, phone, or email:

U.S. Department of Health and Human Services
200 Independence Avenue SW
HHH Building Room 509F
Washington, DC 20201
1-800-368-1019 (TTY: 1-800-537-7697)
OCRMail@hhs.gov

A printable version of the complaint form is available at hho.fyi/complaint-form.

ATTENTION: If you speak English, free language translation and interpretation services are available to you. Appropriate auxiliary aids and services (such as large print, audio, and Braille) to provide information in accessible formats are also available free of charge. Call the number on the back of your ID card (TTY: 711) for help.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de traducción e interpretación de idiomas. También hay disponibles ayudas y servicios auxiliares adecuados (como letra grande, audio y Braille) para proporcionar información en formatos accesibles sin cargo. Llame al número que figura al dorso de su tarjeta de identificación (TTY: 711) si necesita ayuda.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Übersetzungs- und Dolmetscherdienste zur Verfügung. Außerdem sind kostenlos entsprechende Hilfsmittel und Dienstleistungen (wie Großdruck, Audio und Blindenschrift) zur Bereitstellung von Informationen in barrierefreien Formaten erhältlich. Wählen Sie hierfür bitte die Nummer auf der Rückseite Ihrer Ausweiskarte (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis tradiksyon ak entèpretasyon aladispozisyon w gratis nan lang ou pale a. Èd ak sèvis siplemantè apwopriye (tèlke gwo lèt, odyo, Braille) pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nimewo ki sou do Kat ID w lan (TTY: 711) pou jwenn èd.

ВНИМАНИЕ: Если Вы говорите на русском языке, Вам доступны бесплатные услуги перевода на другой язык. Также предоставляется дополнительная бесплатная помощь и услуги отображения информации в доступных форматах (например, крупным шрифтом, шрифтом Брайля или в виде аудиозаписи). Для получения помощи позвоните по номеру, указанному на обратной стороне вашей идентификационной карты (TTY: 711).

ATTENZIONE: se parla italiano, sono disponibili servizi gratuiti di traduzione e interpretariato. Sono inoltre disponibili gratuitamente adeguati supporti e servizi ausiliari (ad esempio caratteri grandi, audio e Braille) per fornire informazioni in formati accessibili. Per assistenza, chiami il numero riportato sul retro della Sua tessera di identificazione (TTY: 711).

ATTENTION : si vous parlez français, des services de traduction et d'interprétation gratuits sont à votre disposition. Vous pouvez aussi bénéficier gratuitement de l'accès à des outils et services auxiliaires appropriés (affichage en gros caractères, audio et le braille) dans des formats accessibles. Veuillez appeler le numéro qui se trouve au verso de votre carte d'identification (TTY : 711) pour obtenir de l'aide.

ÀKÍYÈSÍ: Tí o bá nsọ èdè Yorùbá, àwọn iṣẹ ìtumọ ati ògbufọ èdè wà ní àrọwọtó lọ́fẹ̀ẹ́ fún ọ. Awọn iṣẹ ìtọ́jú ati ìrànlọ́wọ́ tó yẹ (bíi títẹwé nla, gbigbọ ohùn, ati ìwé afọ́jú) lati pèsè iwifúnni ni awọn ọna ìráàyè si wà pẹlu lọ́fẹ̀ẹ́. Pe nọmba tó wà lẹhin kaádì ìdánimọ rẹ (TTY: 711) fún ìranlọwọ.

אכטונג: אויב איר רעדט אידיש, קענט איר באקומען שפראך איבערזעצונג און דאלמעטשונג סערוויסעס פריי פון אפצאל. געהעריגע הילפסמיטלען און סערוויסעס (אזויווי גרויסע דרוק, אודיא און ברעיל) צו צושטעלן אינפארמאציע אין צוגענגליכע פארמאטן זענען אויך דא צו באקומען פריי פון אפצאל. רופט דעם נומער אויף די אנדערע זייט פון אייער אידענטיטעט קארטל (TTY: 711) פאר הילף.

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات الترجمة التحريرية والترجمة الفورية مجانًا. تتوفر أيضًا الوسائل والخدمات المساعدة المناسبة (مثل الطباعة الكبيرة، والوسائل الصوتية، وطريقة برايل) لتقديم المعلومات بتنسيقاتٍ يمكن الوصول إليها من دون أي تكلفة. اتصل على الرقم المدوّن على ظهر بطاقة هويتك (TTY: 711) للحصول على المساعدة.

注意：如果您说中文，我们将为您提供免费的语言翻译和口译服务。此外，我们还免费提供相应的辅助工具和服务（如大字体、音频和盲文），以便您获取无障碍格式的信息。如需帮助，请拨打您的 ID 卡背面的号码（听障人士专用号码： 711）。

ધ્યાન આપશો: જો તમે ગુજરાતી બોલતા હોવ, તો તમારા માટે નિઃશુલ્ક ભાષા અનુવાદ અને ઇન્ટરપ્રિટેશન સેવાઓ ઉપલબ્ધ છે. સુલભ ફોર્મેટમાં માહિતી પૂરી પાડવા માટે યોગ્ય સહાયક સાધનસામગ્રી અને સેવાઓ (જેમ કે મોટી પ્રિન્ટ, ઓડિયો અને બ્રેઇલ) પણ નિઃશુલ્ક ઉપલબ્ધ છે. મદદ માટે તમારા આઇડી કાર્ડની પાછળ આપેલા નંબર (TTY: 711) પર કૉલ કરો.

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi có dịch vụ biên dịch và phiên dịch ngôn ngữ miễn phí dành cho quý vị. Chúng tôi cũng cung cấp miễn phí các dịch vụ và hỗ trợ bổ sung thích hợp (như chữ in lớn, tệp âm thanh và chữ nổi) để cung cấp thông tin ở các định dạng dễ tiếp cận. Vui lòng gọi số điện thoại trên mặt sau của thẻ nhận dạng của quý vị (TTY: 711) để được trợ giúp.

ध्यान दिनुहोस्: यदि तपाईं नेपाली बोल्नुहुन्छ भने, तपाईंलाई निःशुल्क भाषा अनुवाद र दोभासे सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायक प्रविधि र सेवाहरू (जस्तै ठूलो प्रिन्ट, अडियो र ब्रेल) पनि निःशुल्क उपलब्ध छन्। मद्दतको लागि तपाईंको ID कार्डको पछाडिको नम्बरमा कल गर्नुहोस् (TTY: 711)।

कृपया ध्यान दें: यदि आप हिंदी भाषा बोलते हैं, तो आपके लिए मुफ़्त भाषा अनुवाद और व्याख्या संबंधी सेवाएं उपलब्ध हैं। एक्सेस करने योग्य फ़ॉर्मेट में सूचना उपलब्ध कराने के लिए उपयुक्त सहायक सामग्री और सेवाएं (जैसे बड़े प्रिंट, ऑडियो और ब्रेल) भी निःशुल्क उपलब्ध हैं। सहायता के लिए अपने पहचान कार्ड के पीछे लिखे नंबर (TTY: 711) पर कॉल करें।

주의: 한국어를 사용하는 경우 무료 언어 번역 및 통역 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공받을 수 있는 적절한 보조 수단 및 서비스(예: 큰 활자, 오디오, 점자)도 무료로 이용할 수 있습니다. 도움이 필요하시면 ID 카드 뒷면에 있는 번호로 전화하십시오(TTY: 711).