

## NOTICE OF HEALTH INFORMATION PRACTICES

*Effective Date: April 14, 2003*

*Last Amended: February 16, 2026*

**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 UAB Health Center Montgomery. All entities, sites, and locations of UAB Health Center Montgomery follow the terms of this Notice which may be updated from time to time. The Notice can be found on our website at [<enter the website address where the Notice is posted>](#) or may be obtained by contacting the Entity Privacy Coordinator listed at the end of this Notice. In addition, these entities, sites, and locations may share health information with each other for the purposes of treatment, payment, or health care operations as described below.

### OUR PLEDGE REGARDING HEALTH INFORMATION

We understand that information about you and your health is personal, and we are committed to protecting your health information. We create a record of the care and services you receive at UAB Health Center Montgomery. 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 UAB Health Center Montgomery, whether made by clinic/hospital personnel or your personal doctor. This Notice describes the ways in which we may use and disclose your health information and explains your rights and certain obligations we have regarding the use and disclosure of your health information. We are required by law to:

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

### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

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

- **Treatment and Treatment Alternatives.** We use your health information to provide you with medical treatment or services and may disclose your health information to doctors, nurses, technicians, medical residents or students, or other UAB Health Center Montgomery personnel, as well as to individuals or organizations outside our facilities 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 within UAB Health Center Montgomery may share health information about you in order to coordinate services, such as prescriptions, lab work, and x-rays. We may also share information with your local physician, family members, clergy, or others who help provide services that are part of your care after you leave our facilities. We may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

- **Health Information Exchanges (HIEs).** UAB Health Center Montgomery participates in certain health information exchanges that allow us to securely share your electronic health information (EHI) for treatment, payment, or health care operations purposes, as permitted by law, with other health care providers or entities who share in the exchange. Our participation in these exchanges helps improve the quality and coordination of care you receive. A list of the HIEs in which we participate may be requested from the Entity Privacy Coordinator listed below. You may choose not to have your electronic health information included in these HIEs by submitting a written request using the required form to an Entity Privacy Coordinator. Even if you opt out, we may still share information when required by law or as necessary to report certain public health information as described below.
- **Organized Health Care Arrangements (OHCAs).** We may participate in arrangements with other health care providers or entities in which we may use or disclose your health information to participate in joint activities for the purposes of treatment, payment, or health care operations, as permitted by law. These arrangements enable the participating entities to better address your health care needs. A list of OHCAs in which we participate can be requested by contacting the Entity Privacy Coordinator. However, if this HIPAA-permitted use or disclosure is prohibited or limited by other applicable law, such as 42 CFR Part 2, then we will follow the more stringent requirements of that law.
- **Payment.** We may use and disclose your health information so that the treatment and services you receive through UAB Health Center Montgomery may be billed to and payment may be collected from you, your insurance company, or another third party. For example, we may give your health plan information about surgery you received at UAB Health Center Montgomery 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.
- **Health Care Operations.** We may use and disclose your health information for the routine health care operations of UAB Health Center Montgomery. 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 health 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 share information with doctors, nurses, technicians, 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 CFR 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 health information about you 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 health 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 health 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 health information to contact you about appointments, treatment options, and other health-related benefits or services available from UAB Health Center Montgomery. We may contact you by mail, telephone, text, or email or through the patient portal. For example, we may leave a voice message or send a text reminder to you about upcoming appointments at the telephone number you provide, send a secure message through the patient portal regarding a prescription sent to your pharmacy, 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 health 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 health 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 health information about you to contact you in an effort to raise funds to support UAB Health Center Montgomery and its operations. We may disclose health information to a foundation related to UAB Health Center Montgomery so the foundation may contact you in raising funds for UAB Health Center Montgomery. For example, we may use or disclose the following information to

contact you for fundraising purposes: your name, address and phone number, the physicians who furnished the services, and the location and dates you received treatment or services at UAB Health Center Montgomery. Note, however, that SUD information will not be used for fundraising purposes. If you do not want UAB Health Center Montgomery 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.** UAB Health Center Montgomery may use health information about you to provide promotional gifts of nominal value, to communicate with you about services offered by UAB Health Center Montgomery, 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 health 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. UAB Health Center Montgomery does not sell your health information to any third party for their marketing purposes.
- **UAB Health Center Montgomery Directory.** We may include certain limited information about you in UAB Health Center Montgomery directory while you are a patient at UAB Health Center Montgomery. This information may include your name, location in UAB Health Center Montgomery, your general condition (e.g., fair, stable, etc.), and your religious affiliation. The directory information, except for your religious affiliation, may 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 clergy can visit you and generally know how you are doing. You may request that we remove your information from the UAB Health Center Montgomery directory at any time.
- **Business Associates.** There are some services provided by UAB Health Center Montgomery 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 your health information when required to do so by federal, state, or local law.
- **Public Health Activities.** We may disclose health 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 health information about you to individuals exposed to a communicable disease or otherwise at risk for spreading the disease. We may disclose health information to an employer if the employer arranged for the health care services provided to determine whether you suffered, or to treat, a work-related injury.
- **Food and Drug Administration (FDA).** We may disclose health information to the Food and Drug Administration (FDA) or to manufacturers subject to FDA regulation 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 health 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 health 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 health care 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 your health information in response to a court or administrative order. We may also disclose your health information in response to a subpoena, discovery request, or other lawful process 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 health information for judicial or administrative proceedings, as permitted or required by law.
- **Law Enforcement.** We may release health 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 health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health 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 health information to organizations that manage organ, tissue, and eye procurement, banking, transportation, and transplantation.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Military and Veterans.** If you are a member of the U.S. Armed Forces, we may disclose health information about you as required or authorized by military command authorities. We may also disclose health 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 your health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose your health information to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state or conduct special investigations.
- **Workers' Compensation.** We may disclose your health 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 health information related to such work-related injuries or illnesses as required by applicable law. Such disclosures may include providing health information to your employer, if your employer arranged 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 your health information to the correctional institution or law enforcement official for your health or for the health and safety of other individuals.
- **Other uses and disclosures.** We will obtain your written authorization to use or disclose your psychotherapy notes (other than for 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 health 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 HEALTH INFORMATION ABOUT YOU**

Although all records concerning your hospitalization and treatment obtained at UAB Health Center Montgomery are the property of UAB Health Center Montgomery, you have the following rights regarding health information we maintain about you:

- **Right to Inspect and Obtain a Copy.** You have the right to inspect and obtain a copy of your health information maintained by UAB Health Center Montgomery, 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 health care professional determines that access is reasonably likely to endanger your life or physical safety, or that of another person.

The 21<sup>st</sup> 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 UAB Health Center Montgomery.

To inspect or obtain a copy of your health information, submit a written request 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 health care professional, when applicable.

- **Right to Amend.** If you feel that the health 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 UAB Health Center Montgomery.

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 an 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 health care 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 health care providers, staff members, or other personnel who have viewed or used your health record for purposes of treatment, payment, or health care operations. These internal uses are permitted under law and are not part of the accounting of disclosures.

To request an accounting of disclosures, you must submit your request in writing on the required form to an Entity Privacy Coordinator. Your request must specify a time period that may not be longer than the 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 accounting 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 health information for treatment, payment, or health care operations. You also have the right to request a limit on your health information we disclose to someone 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 health care 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 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 an 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 health care 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 health care operations purposes.

To request this restriction, you must make your request in writing on the required form to an 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 health care 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 health care 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 health 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 to an 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 health 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 health 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 on our website at **<insert your**

**website address where this Notice is posted>**, or by submitting a written request for a paper copy of this Notice to an 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 health 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 UAB Health Center Montgomery facilities and on our website at **<insert your website address where this Notice is posted>**. The effective date of the current Notice is shown on the first page.

## **FOR MORE INFORMATION OR TO REPORT A PROBLEM OR COMPLAINT**

If you have questions and would like additional information, you may contact an Entity Privacy Coordinator using the information provided below. If you believe your privacy rights have been violated, you may file a complaint with UAB Health Center Montgomery or with the U.S. Department of Health and Human Services, Office for Civil Rights. To file a complaint with UAB Health Center Montgomery, contact an Entity Privacy Coordinator using the contact information below. 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 can be contacted at the following address and phone number:**

**UAB Health Center Montgomery**

**<insert the address of the center>**

**Phone: <insert phone number of the center, specifically for the individual who will serve as and respond to requests of the Entity Privacy Coordinator>**

## **UAB NONDISCRIMINATION AND LANGUAGE ACCESSIBILITY NOTICE**

The UAB Health Center Montgomery complies with applicable Federal civil rights laws and does not discriminate based on race, color, ethnic or national origin, genetic information, age, disability, religion, veteran's status, or sex (consistent with the scope of sex discrimination described at 45 CFR 92.10(1)(i)). UAB Health Center Montgomery does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex. UAB Health Center Montgomery:

- 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 reasonable modifications, appropriate auxiliary aids and services, or language assistant services, contact UAB Guest Services at 205-934-2273.

If you believe that UAB Health Center Montgomery 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: UAB Health Center Montgomery Civil Rights/ADA Coordinator in person or by mail, or email using the following contact information:

UAB Health Center Montgomery Civil Rights/ADA Coordinator, P.O. Box 55746, Birmingham, Alabama 35255, phone: (205) 731-9863; [uabmedicinecompliance@uabmc.edu](mailto:uabmedicinecompliance@uabmc.edu). You can file a grievance in person or by mail or email.



You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, through the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone to U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## LANGUAGE ASSISTANCE SERVICES

### English

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call **205-934-2273** or speak to your provider.

<p><b>العربية (Arabic)</b> إذا كنت تتحدث اللغة العربية، فنستوفر لك خدمات المساعدة اللغوية مساعدة كما تتوفر وسائل المجانية. وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجاناً. اتصل على الرقم <b>205-934-2273</b> أو "تحدث إلى مقدم الخدمة".</p>	<p><b>中文 (Chinese)</b> 注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 <b>205-934-2273</b> 或咨询您的服务提供商。</p>	<p><b>Français (French)</b> ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le <b>205-934-2273</b> ou parlez à votre fournisseur.</p>
<p><b>Deutsch (German)</b> ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie <b>205-934-2273</b> an oder sprechen Sie mit Ihrem Provider.</p>	<p><b>ગુજરાતી (Gujarati)</b> ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓકિઝવરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ કવના મૂલ્યે ઉપલબ્ધ છે. <b>205-934-2273</b> પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.</p>	<p><b>हिंदी (Hindi)</b> ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। <b>205-934-2273</b> पर कॉल करें या अपने प्रदाता से बात करें।</p>
<p><b>日本語 (Japanese)</b> 注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービス</p>	<p><b>한국어 (Korean)</b> 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는</p>	<p><b>ລາວ (Lao)</b> ເລື່ອງລາວ: ຖ້າທ່ານເວົ້າພາສາລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່</p>

<p>スも無料でご利用いただけます。 <b>205-934-2273</b>までお電話ください。または、ご利用の事業者にご相談ください</p>	<p>적절한 보조 기구 및 서비스도 무료로 제공됩니다. <b>205-934-2273</b>번으로 전화하거나 서비스 제공업체에 문의하십시오.</p>	<p>ໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ <b>205-934-2273</b> ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.”</p>
<p><b>Português do Brasil (Brazilian Portuguese)</b> ATENÇÃO: Se você fala Português do Brasil , serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para <b>205-934-2273</b> ou fale com seu provedor.</p>	<p><b>РУССКИЙ (Russian)</b> ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону <b>205-934-2273</b> или обратитесь к своему поставщику услуг.</p>	<p><b>Español (Spanish)</b> ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al <b>205-934-2273</b> o hable con su proveedor.</p>
<p><b>Tagalog (Tagalog)</b> PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa <b>205-934-2273</b> o makipag-usap sa iyong provider.</p>	<p><b>Türkçe (Turkish)</b> UYARI: Türkçe biliyorsanız, ücretsiz dil destek hizmetlerini kullanabilirsiniz. Erişilebilir formatlarda bilgi sunmak üzere uygun yardımcı destek araçları ve hizmetler de ücretsiz olarak kullanılabilir. <b>205-934-2273</b> numaralı telefonu arayın veya tedarikçinizle konuşun.</p>	<p><b>Việt (Vietnamese)</b> LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số <b>205-934-2273</b> hoặc trao đổi với người cung cấp dịch vụ của bạn.</p>