

SALEM HEALTH HOSPITALS AND CLINICS

NOTICE OF PRIVACY PRACTICES

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU CAN GET ACCESS TO THIS INFORMATION, AND HOW TO FILE A COMPLAINT. PLEASE REVIEW IT CAREFULLY.

A. Our Pledge to Protect Your Privacy

To assure that each patient's individuality and dignity is respected, it is the policy of Salem Health Hospitals and Clinics (SH) that your health information will be kept confidential, as outlined in this document. This health care organization and other medical providers are required by law to maintain the privacy of your medical information. We also are required to notify you of our legal duties and privacy practices regarding your medical information, and abide by the practices described in the notice.

B. Who Will Follow This Notice

The following individuals and organizations share the hospital's commitment to protect the privacy and security of your health information, and will comply with this notice:

1. Any health care professional authorized to enter information into your hospital chart or medical record such as, but not limited to a nurse, physician or technologist.
2. Members of our medical staffs, employees, volunteers, trainees, students and other hospital personnel providing services in our facilities or SH patient care settings listed below.
3. All SH departments and units of the hospitals, clinics or doctor's offices you may visit.
4. Patient care settings of SH, and all medical staffs, employees, volunteers, trainees, students or other personnel providing services in the described patient care settings. These patient care settings include: All entities, sites and locations of SH including but not limited to Salem Health, West Valley, Salem Health Laboratories, Salem Health Rehabilitation Center, Salem Cancer Institute, Center for Outpatient Medicine, Psychiatric Medical Center, and all Clinics and additional patient services, follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or health care purposes described in this notice.

C. How We May Use and Disclose Your Medical Information

Members of SH medical staffs, appropriate hospital employees and other participants in our patient care system, such as SH clinics or hospitals, may share your medical information as necessary for your treatment, payment for services provided, and health care operations without your express permission. Other uses require your specific authorization.

The following describes how SH entities may use and disclose your information **without** your express permission. Other parts of this notice describe uses and disclosures that require your authorization, and the rights you have to restrict our use and disclosure of your medical information.

D. How We May Use and Disclose Your Protected Health Information (PHI) About You Without Your Express Permission

We may use and disclose health information for the following purposes:

1. **For Treatment** SH entities may use health information about you to provide you with medical treatment or services. SH entities may disclose health information about you to doctors, nurses, technicians, staff or other personnel who are involved in taking care of you. This information may be shared with your other providers electronically through secure health information exchange(s), and/or through a combined electronic medical record where your health care provider documents your care and services.

For example, your doctor may be treating you for a heart condition and may need to know if you have other health problems that could complicate your treatment. The doctor may use your medical history to decide what treatment is best for you. The doctor may also tell another doctor about your condition so that doctor can help determine the most appropriate care for you.

Different SH personnel may share information about you and disclose information to people who are not part of the SH workforce in order to coordinate your care. Examples include phoning prescriptions to your pharmacy, scheduling lab work and ordering X-rays. Family members and other health care providers may be part of your medical care team and may require information about you from SH entities.

2. **For Payment** SH entities may use and disclose health information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party.

For example, to enable your insurance or health plan to pay us or reimburse you, SH entities may need to give your health plan information about a service you received. 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.

3. **For Health Care Operations** SH entities are permitted to use and disclose your medical information for purposes of SH entities operations. We also are permitted to disclose your medical information for the health care operations of other health care providers or health plans as long as they have a relationship with you and need the information for their own quality assurance purposes, for purposes of reviewing the qualifications of their health care professionals or for conducting skill improvement programs.

For example, our Patient Safety Department may use your medical information to assess the quality of care in your case and ensure SH entities continue to provide the quality care you deserve. SH may use your medical information to ensure we are complying with all federal and state compliance requirements. SH entities may also disclose your medical information to a community physician to assist the physician in assessing the quality of care provided in your case and for other similar purposes. SH entities may also use health information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.



Oregon Law: Oregon law provides additional confidentiality protections in some circumstances. For example, In Oregon a health care provider generally may not release the identity of a person tested for HIV or the results of an HIV related test without your consent, and you must be notified of this confidentiality right. Drug and alcohol records are specially protected and typically require your specific consent for release under both deferral and state law. Mental health records are specially protected in some circumstances, as is genetic information

For more information on Oregon law related to these and other specially protect records, please contact the SH Privacy Officer or refer to the Oregon Revised Statutes and the Oregon Administrative rules. These documents are available on line at: www.oregon.gov.

E. Uses and Disclosures That We May Make Unless You Object

Read this information carefully. If you do not wish to have your information used or disclosed for any or all of these possible choices, you have the right to request limitations or restrictions to these disclosures or uses. Please send your request in writing to the Salem Health Privacy Officer or designee, 890 Oak Street SE, Salem, OR 97301.

1. Providing Information From Our Hospital Directory

Hospital directory information includes your name, location in the hospital, religious affiliation and general condition. SH entities may release location and general condition information to individuals who ask for you by name. This may include your family and friends or members of the media.

For example, if you were involved in an automobile accident, the media may call for an update on your condition. SH entities are allowed to release all facility directory information unless you have asked (verbal request upon registration or in writing) to have directory or media restriction. SH entities may provide directory information to the clergy, even if they do not ask for you by name unless you have asked for a restriction to the directory or clergy.

2. **Family or Friends Involved in Your Care** Health professionals, using their best judgment, can disclose to a family member, close personal friend, or anyone else you identify, medical information relevant to that person's involvement in your care. SH entities may also give information to someone who helps pay for your care. For example, we may assume you agree to our disclosure of your personal health information to your friend or family who are with you in the exam room during treatment or while treatment is discussed.
3. **Appointment Reminders** SH entities may contact you as a reminder that you have an appointment for treatment or medical care at a SH hospital, clinic or office.
4. **Treatment Alternatives** SH entities may tell you about or recommend possible treatment options or alternatives that may be of interest to you.
5. **Health-Related Products and Services** For information on SH entity products and services, we may use and disclose medical information about you to communicate with you about our products or services. This may be:
 - a) To describe a health-related product or service that is provided by us.
 - b) For your treatment.
 - c) For case management or care coordination for you.
 - d) To direct or recommend alternative treatments, therapies, health care providers, or settings of care. This may include

sending your information that would be of special interest to someone with your health condition.

For example, SH entities may notify you of upcoming health fairs, lectures, health screenings and other community health services.

6. **In the Event of a Disaster** SH entities may disclose medical information about you to other health care providers and to an entity assisting in a disaster relief effort (such as the American Red Cross) to coordinate care and so that your family can be notified about your condition and location.
7. **Soliciting Funds for the Hospital** SH entities may use demographic information, dates of service, department of service, treating physician, outcome information or health insurance information to contact you in an effort to raise money for the hospital and its operations. Please write to us at Salem Health Privacy Officer or designee, 890 Oak Street SE, Salem, OR 97301 if you wish to have your name removed from the list to receive fundraising requests supporting SH in the future.

F. Special Situations that May Not Require Your Authorization

SH entities may use or disclose health information about you for the following purposes, subject to all applicable legal requirements and limitations:

1. **To Avert a Serious Threat to Health or Safety** SH entities may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
2. **Required By Law** SH entities will disclose health information about you when required to do so by federal, state or local law.
3. **Research** SH entities will disclose your medical information for research purposes only with your authorization. However, in some circumstances, we may use or disclose medical information for research without getting your authorization. For example, we may allow a researcher to review patient records in order to prepare for a research project, but no medical information will leave the SH facility during that person's review of the information. Also, we may disclose medical information for a research project that has been approved through a formal process that evaluates the needs of the research project with the need to protect privacy of medical information.
4. **Organ and Tissue Donation** If you are an organ donor, SH entities may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.
5. **Military, Veterans, National Security and Intelligence** If you are or were a member of the armed forces, or part of the national security or intelligence communities, SH entities may be required by military command or other government authorities to release health information about you. SH entities may also release information about foreign military personnel to the appropriate foreign military authority.
6. **Workers' Compensation** SH entities may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
7. **Public Health Risks** These activities typically include reports to agencies such as the Oregon Department of Human Services

as required or authorized by state law. These reports may include, but are not necessarily limited to, the following:

- a) To prevent or control disease, injury or disability.
- b) To report births and deaths.
- c) To report child abuse or neglect.
- d) To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- e) To notify the appropriate government authority if we believe a patient has been the victim of abuse or neglect. We will only make this disclosure if the patient agrees or when required or authorized by law.
- f) To the Food and Drug Administration relative to adverse events concerning food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

8. **Health Oversight Activities** SH entities may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.
9. **Lawsuits and Disputes** If you are involved in a lawsuit or a dispute, SH entities may disclose medical information about you in response to a court or administrative order. SH entities may also disclose medical information about you in response to a civil subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell patients about the request or to obtain an order protecting the information requested.
10. **Law Enforcement** SH entities may disclose medical information about you to a law enforcement official for law enforcement purposes:
 - a) As required by law.
 - b) In response to a court, grand jury or administrative order, warrant or subpoena.
 - c) To identify or locate a suspect, fugitive, material witness or missing person.
 - d) About an actual or suspected victim of a crime if that person agrees to the disclosure. If we are unable to obtain that person's agreement, the information may still be disclosed in limited circumstances.
 - e) To alert law enforcement officials to a death if we suspect the death may have resulted from criminal conduct.
 - f) About crimes that occur at our facility.
 - g) To report a crime in emergency circumstances.
11. **National Security and Intelligence Activities** SH entities may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
12. **Protective Services for the President and Others** SH entities 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.
13. **Inmates** If you are an inmate of a correctional institution or under the custody of a law enforcement official, SH entities may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

14. **Coroners, Medical Examiners and Funeral Directors** SH entities 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.
15. **Information Not Personally Identifiable** SH entities may use or disclose health information about you in a way that does not personally identify you or reveal who you are.
16. **Incidental Disclosures** Certain incidental disclosures of your medical information occur as a byproduct of lawful and permitted use and disclosure of your medical information. For example, a visitor may inadvertently overhear a discussion about your care occurring at the nurses' station. These incidental disclosures are permitted if the hospital applies reasonable safeguards to protect your medical information.
17. **Limited Data Set Information** SH entities may disclose limited health information to third parties for purposes of research, public health and health care operation. This health information includes only the following:
 - a) Admission, discharge, and date of service.
 - b) Dates of birth and, if applicable, death.
 - c) Age (including age 90 or over).
 - d) Five-digit zip code or any other geographic subdivision such as state, county, city.

Before disclosing this information, SH entities must enter into an agreement with the recipient of the information that limits who may use or receive the data. The agreement also requires the recipient will need to use the data to contact you. The agreement must contain assurances that the recipient of the information will use appropriate safeguards to prevent inappropriate use or disclosure of the information.

18. **Family and Friends in case of Emergency or Incapacitation** SH entities may disclose personal health information directly relevant to your care or payment information related to your health care to your family member, other relatives or close personal friends. SH may use or disclose PHI to notify (give your identification, location, general condition, or death) or assist in the notification of your family members, a personal representative or other person responsible for your care.

When you are unable to make your wishes known or your wishes cannot practically be provided due to your incapacity or emergency circumstances, SH entities may use professional judgment to determine if disclosures are in your best interest. In this situation, we will disclose only health information relevant to the person's involvement in your care. For example, SH entities may inform the person who accompanied you to the emergency room that you suffered a heart attack and provide updates on your progress and prognosis. We may also use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, filled prescriptions, medical supplies, or X-rays.

G. Other Uses and Disclosures of Health Information Require Your Authorization

SH entities will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written *Authorization*. If you give us *Authorization* to use or disclose health information about you, you may revoke that *Authorization, in writing*, at any time. If you revoke your *Authorization*, we will no longer use or disclose information about you for the reasons covered by your written *Authorization*, but we

cannot take back any uses or disclosures already made with your permission.

In some instances, SH entities may need specific, written authorization from you in order to disclose certain types of specially protected information such as HIV, substance abuse, mental health, genetic testing information, and certain types of marketing information such as treatment communications if SH received financial remuneration for the subject, product or service.

H. Your Rights Regarding Health Information About You

You have the following rights regarding health information we maintain about you. SH entities are required to act upon your request for access no later than 30 days after receipt of the request. SH entities may request an extension of up to 30 days:

1. **Request to Inspect and Copy** You have the right to inspect and get a copy medical information that may be used to make decisions about your care. To the extent that SH maintains an electronic copy, you may request your copy in an electronic format. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you, you must submit a request in writing. If you request a copy of the information, SH entities may charge a fee for the costs of copying, mailing, or other supplies. SH entities 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. You have the right to request that your health information be sent to any person or entity, such as another doctor, caregiver or online personal health record.

This right does not include inspection and copying of the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and PHI that is subject to law that prohibits access to PHI.

Additionally, there may be times when we may not be able to share your electronic health information with you. For example:

- To protect your privacy, especially if you have requested a restriction or confidential communication; or
- When a licensed health care professional determines your request would cause harm; or
- Fulfilling the request is not feasible due to a public health emergency, or an uncontrollable event such as an act of terrorism or internet service disruption; or
- Our electronic medical records system is taken offline for maintenance of upgrades.

2. **Request an Amendment to Your Medical Record** If you believe medical information that may be used to make decisions about your care is incorrect or incomplete, you may ask us to amend the information. This request must be in writing. Your request must include a reason for the amendment.

If we agree to your request, we will amend your medical information as requested. SH entities will link the amended part to the original part so that someone reviewing the record can see what was changed. SH entities may also agree to make some changes you ask for but not others.

SH entities may deny your request if we believe the records are complete and accurate, if the records were not created by us and the creator of the record is available, or if the records are otherwise not subject to patient access. SH entities will put any

denial in writing and explain our reasons for denial. You have the right to respond in writing to our explanation of denial, and to require that your request, our denial, and your statement of disagreement, if any, be included in future disclosures of the disputed record.

3. **Request for Confidential Communications** You have the right to ask to be communicated with by alternative means or at alternative locations. For example, you may ask that SH entities only contact you at work or by mail. A request for confidential communication must be made in writing. We will accommodate reasonable requests, when possible.
4. **Request Additional Restrictions** You have the right to request a restriction or limitation on the medical information SH entities use or disclose about you for treatment, payment, or health care operations. You have the right to restrict disclosures of PHI to a health plan with respect to healthcare if you have paid out of pocket and in full for that healthcare. 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 in 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 particular procedure such as a surgery.

To request a restriction, you must put your request in writing. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

SH entities are not required to agree to your request for restrictions, except in certain limited circumstances. If you do not want Salem Health to disclose your patient information for a specific visit to a health plan, you must notify the registrar at the time services are provided, make a written request in advance of the visit and pay the services in full.

5. **Request an Accounting of Disclosures** You may request, in writing, an accounting of disclosures. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. SH entities will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. You are not entitled to an accounting of disclosures you authorized, disclosures to yourself, incidental disclosures, disclosures to family or other people involved in your care, disclosures to correctional institutions and law enforcement in some circumstances, disclosures of limited data set information or disclosures for national security or law enforcement purposes.
6. **Right to a Paper Copy of this Notice** You have the right to a paper copy of this notice. You will be given a paper copy of this Notice of Privacy Practices only the first time you are registered to a SH facility however, you may ask us to give you a copy of this notice at any time. If you have not received a paper copy of this notice, please ask for one. You may agree to receive the SH Privacy Notice electronically however; you are still entitled to a paper copy.
7. **Breach Notification** SH will notify you if there is a breach of your unsecured PHI.

I. Changes to this Notice

SH entities reserve the right to change this notice, and 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. We will post the current notice in locations where patients receive services and on our Internet site www.salemhealth.org. You also may obtain a new notice by contacting any area where registration occurs.

J. Contact Information

If you have questions, would like to request a restriction or have a privacy complaint, please contact:

Salem Health Privacy Officer or Designee
P.O. Box 14001
Salem, OR 97309.

You may also call the Privacy Officer at (503) 561-2494.

You may additionally file a complaint to:

U.S. Department of Health and Human Services Office for Civil Rights
200 Independence Avenue SW
Washington, D.C. 20201

You may also call 1-877-696-6775, or visit the Office of Civil Rights website at www.hhs.gov/ocr/privacy/hipaa/complaints/.

You will not be penalized for filing a complaint.

Original Effective Date: April 14, 2003

Revised Effective Date: July 2006, July 2009, January 2010, October 2012, September 2013, March 2016, November 2017, May 2021

NON DISCRIMINATION POLICY

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

SH 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)

SH 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, let the hospital staff know.

If you believe that SH 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:

David Barlow, Director of Service & Care
Continuum/acting as Civil Rights 504 Coordinator
PO Box 14001
Salem, OR, 97309-5014

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, David Barlow is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

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

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

Language Assistance Services

Language assistance services (in person, live over the phone, or live video) are available to you free of charge upon request. Please let the hospital staff know you need one for your visit today.

Arabic

دزیری / جزائری

تیویغلا تدهاسملا تامدخ (ویدیفلا قیبرطن عوا فتاهللا ریة ترشایم ،ایصخش) بباطلا دذع اناجم مکل ترفوتم .

مساعد الی بحاجتکم المستشفى طاقم اعلام الرجاء الیوم زیارکم اثناء لغوی

Chuukese

tfu: ki:z

Ika kose sinei kapasen merika tungor epwe wor eman Chon Chiakku epwe fituk me ren omw na apoinmen (are ika ke tongeni angei aninisin awewei me non fon, are ika me non video), ese kamo. Kosemochen tungoren eman chon angangen pioing an epwe kokori eman chon awewei fanitom.

German

Deutsch

Auf Wunsch bieten wir Ihnen kostenlose Sprachdienstleistungen (persönlich, live per Telefon oder per Live-Video). Bitte informieren Sie das Krankenhauspersonal, wenn Sie bei Ihrem heutigen Besuch sprachliche Unterstützung benötigen.

Japanese

□ □ □

リクエストしていただければ、□ □ □ □ サロピス(□ □ スタッフ、□ □ またはテレビ□ □)を□ □ で□ □ しています。□ □ の□ □ にこのサロピスを□ □ とされる□ □ は、□ □ の□ □ にお□ □ せください。

Mandarin (Chinese Simplified) □ □ 话

您可以要求提供免费的語言协助服务（当面、实时电话或实时视频）。请告诉医院工作人员您在今天的預約需要此服务。

Cambodian (Khmer) ភាសាខ្មែរ

សេវាកម្មជំនួយផ្នែកភាសា (ដោយទល់មុខគ្នា, ដោយផ្ទាល់តាមទូរស័ព្ទឬដោយផ្ទាល់តាមវីដេអូ) ផ្តល់ជូនដល់អ្នកដោយឥតគិតថ្លៃតាមការស្នើសុំ។ សូមអនុញ្ញាតឱ្យបុគ្គលិកមន្ទីរពេទ្យបានដឹងផង បើអ្នកត្រូវការសេវាកម្មនេះសម្រាប់ការមកជួបរបស់អ្នកនៅថ្ងៃនេះ។

Portuguese

Português

Os Serviços de Assistência de Idiomas

(pessoalmente, em tempo real por telefone ou por vídeo) são disponibilizados gratuitamente mediante solicitação. Informe a equipe do hospital se você precisar utilizar esses serviços em sua visita de hoje.

Russian

Русский

По вашему запросу услуги переводчика (вживую, по телефону или видео) предоставляются бесплатно. Пожалуйста, сообщите персоналу больницы, если вы сегодня нуждаетесь в услугах переводчика.

Spanish

Español

Servicios de asistencia lingüística (en persona, por teléfono o por vídeo) están disponibles para usted sin costo y bajo petición. Por favor informe al personal médico que necesita uno para su visita hoy.

Ukrainian

Українська

По вашому запиту послуги перекладача (наживо, по телефону або відео) надаються безкоштовно. Будь ласка, повідомте персонал лікарні, якщо ви сьогодні маєте потребу в послугах перекладача.

Cantonese (Chinese Traditional) □ □ 话

您可以要求提供免費的語言協助服務（當面、實時電話或實時視頻）。請告訴醫院工作人員您在今天的預約需要此服務。

French

Français

L'équipe de Language Assistance Services est disponible pour vous aider gratuitement et à la demande (en personne, au téléphone, ou par vidéo en direct). En cas de besoin pour votre visite d'aujourd'hui, il vous suffit juste de prévenir le personnel de l'hôpital.

Hmong

Hmoob

Muaj Kev Pab Cuam Txhais Lus (ib tus neeg txhais lus, txhais lus hauv xovtooj lossis txhais lus hauv video) rau koj yam tsis tau them nqi raws li thov tuaj. Thov qhia lub tsev khomob cov neeg ua haujlwm paub tias koj xav tau ib tus neeg txhais lus rau koj qhov tuaj ntsib hnub no.

Korean

□ □ □

언어 보조 서비스 (현지의 통역사, 전화 통역, 또는 실시간 영상 통역)가 요청시 무료로 제공됩니다. 오늘 방문시 통역이

필요하시면 병원 직원에게 알려 주시기 바랍니다.

Marshallese

Kajin Majól

JIBAN KO IKIJEN KAJIN (ilo likio in armij, ilo telpoon ko ak ilo likio in armij) renaj iwoj nan kwe ilo ejelok onen elane kwonaj kajitok. Jouj im kajitok iben ro you jikin Takto eo elane kwonaj aikuiji juon ilo rainin elane kwonaj lolok ir.

Farsi (Persian)

فارسی

خدمات کمک زبانی (حضوری، همزمان تلفنی یا همزمان ویدئویی) به صورت رایگان بنا به درخواستتان به شما ارائه می‌شود. اگر به این نوع خدمات برای ملاقات امروز خود نیاز دارید، لطفاً به کارکنان بیمارستان اطلاع دهید.

Romanian

Român

Serviciile de asistență lingvistică (în persoană, în direct la telefon sau în direct prin intermediul tehnologiei video) sunt disponibile pentru dumneavoastră în mod gratuit, la cerere. Vă rugăm să informați personalul spitalului în legătură cu necesitatea unui asemenea serviciu pentru vizita dumneavoastră de astăzi.

Somali

af Soomaali

Adeegyo Caawimaad Luuqad (kula-jooga, toos ugu jira foonka ama fiidiyow toos ah) waxay diyaar kuugu yihiin lacag la'aan markaa codsatid. Fadlan u sheeg shaqaalaha isbitaalka in aad ugu baahantahay mid booqashadaada maantay.

Thai

ภาษาไทย

บริการความช่วยเหลือทางภาษา (แบบส่วนตัวทางโทรศัพท์หรือวิดีโอ) มีพร้อมให้คุณใช้บริการได้ฟรีแล้ว โปรดแจ้งให้พนักงานของทางโรงพยาบาลทราบว่าคุณประสงค์ที่จะใช้บริการดังกล่าวเมื่อมาโรงพยาบาลในวันนี้

Vietnamese

tiếng việt

Dịch Vụ Trợ Giúp Ngôn Ngữ (dịch thân có mặt, qua điện thoại, qua video trực tiếp) có sẵn cho quý vị miễn phí theo yêu cầu. Xin vui lòng nói cho các nhân viên của bệnh viện biết quý vị cần một thông dịch viên cho cuộc hẹn của quý vị ngày hôm nay.