Physicians Rx Pharmacy

## Welcome to Physicians RX Pharmacy

Thank you for choosing us to be your specialty pharmacy provider.

Our services are designed to help you achieve the most benefit from your therapy including but not limited to:

- Training, Education and Counseling
- Comprehensive Medication Review
- Copay, Patient Assistance, and other Financial Assistance Programs
- Medication Delivery
- Refill Reminders
- 24/7 Access to Clinically Trained Personnel

We look forward to providing you with the best service possible.

Sincerely,
The PRXP Team

# CONTACT INFORMATION

### Hours of Operation

Monday through Friday, 8am – 4pm

The pharmacy is closed on the following holidays:

- New Year's Day
- Memorial Day
- 4th of July Day
- Labor Day
- Thanksgiving Day
- Christmas Day

### 24/7 Support

Clinically trained personnel are available 24 hours a day, 7 days a week. This includes holidays and weekends. Our after-hours clinicians can assist you with urgent questions.

### To contact a pharmacist or pharmacy representative:

Physicians Rx Pharmacy

9701 Apollo Drive, # 400, Largo, MD 20774-4791

- Toll-Free Phone and Fax: 888-330-2153
- Email: prxpgreenbelt@340bpharm.com
- Text: RXLOCAL App
    - To Download the RXLOCAL App:
        - Visit: https://www.rxlocal.com/patient-mobile-app

          or
        - Send a text to the number 64890, with the message RXLOCAL, to receive a link to download the app



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# CONTACT INFORMATION

### Contacting the Pharmacy for Urgent Situations:

- In the case of a medical emergency, call 911.
- For urgent situations (clinical questions, suspected medication errors or concerns, or experiencing an adverse drug reaction) call the pharmacy and request to speak to the pharmacist.
  - If it is during business hours, a pharmacist will immediately assist you.
  - If it is after-hours, an answering service will receive the phone call on behalf of the pharmacy. A pharmacist will return your call within 1 hour

### Contacting the Pharmacy Team for Non-Urgent Situations:

- The pharmacy team can be reached by phone call, email, or text via RxLocal App.
  - If it is during business hours, a pharmacist will immediately assist you.
  - If it is after-hours, please leave a message and we will call you back on the next business day.
- Email and text (through RxLocal App) should only be used for non-urgent situations.
  - A pharmacy team member will respond within 1 business day

### When to Contact Us

- You have questions or concerns about your medication
- You suspect a reaction or allergy to your medication
- A change has occurred in your medication use
- Your contact information or delivery address has changed
- Your insurance information or payment source has changed
- To check the status of your order
- To discuss an order delay
- To reschedule your delivery
- To receive claims related information

# IMPORTANT INFORMATION

## Specialty Pharmacy Program

Specialty pharmacy patients are automatically enrolled in our patient management program. Our team of trained clinicians will provide you with:

- Continuous clinical evaluation
- Ongoing health monitoring
- Assessment of educational needs
- Management of your medication use

This program is provided to you at no additional cost. Your participation is voluntary. If you wish to opt out of the program, please call us.

The Specialty Pharmacy program provides benefits such as:

- Managing side effects
- Increasing compliance with drug therapies
- Overall improvement of health

Limitations of the Specialty Pharmacy program include that the program benefits are restricted by patient participation and willingness to share necessary information, as well as that the program is not conveyed as a cure for a disease state.

## Expectations and Outcomes of Therapy

Our services are designed to help you achieve the most from your medication therapy. You will have direct contact with our pharmacists who will create a program tailored to your needs and therapy goals. As part of this program, you will have:

- Access to clinical pharmacists for counseling and education
- Clinical assessments and periodic reviews to evaluate how you are progressing with your therapy
- Financial assistance programs to make sure your medication is accessible to you

The goal of participating in this program is to help you follow your medication regimen and improve your overall health.


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## Additional Resources

Additional information regarding your medication, condition/diagnosis, community, and financial resources can be found:

- HIV.gov | HIV Resources: https://www.hiv.gov
- Centers for Disease Control and Prevention | HIV Resources: https://www.cdc.gov/hiv/default.html

## Financial Information

Before your care begins, a staff member will inform you of:

- Your cash price
- Out-of- pocket costs and deductibles
- Co-pays and coinsurance, as available

We will submit claims to your health insurance carrier. If your claim is denied, we will notify you to resolve the issue. We will notify you if we are an out of network pharmacy. We will provide you with the cash price of the medication upon request. We will assist you with enrollment into financial assistance programs, when available.

## Filling a Prescription, Refills Order Status, Order Delays

Your physician can send us your prescription, or you can provide it to us in person or through the mail. You will be contacted by a team member 5-7 days prior to your refill date. If you would like to contact us for a refill or check your order status, you can call us. If your order will be delayed, we will notify you as soon as possible. If this delay could cause a lapse in your therapy, we will work with you and your physician to transfer your prescription to the pharmacy of your choosing.

## Prescription Transfers

If we can no longer fill your medication, we will transfer your prescription to another pharmacy. We will inform you of this transfer of care. Please call us if you would like to transfer your medications to another pharmacy.



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## Drug Substitution

Our pharmacy strives to find the most cost-efficient option for you. It may be necessary to substitute brand name drugs with a generic option. This could occur due to insurance carrier preference or to reduce your copay. If a substitution needs to be made, we will contact you prior to shipping the medication. When available, our pharmacy will default to generic to save you money. We will use brand name medication at you or your doctor's request.

## Drug Recalls

We will contact you with instructions if your medication is recalled.

## Medication Issues and Concerns

Please contact the pharmacy as soon as possible to report medication issues:

- Side effects or serious adverse effects
- Suspected errors

We want you to be satisfied with the care we provide. If you or your caregiver have concerns, please contact us by phone, email or in writing to discuss your concerns.

## Proper Use, Timely Administration, and Duration of Therapy

Medication should be used according to the instructions provided from the pharmacist and your physician. Instructions are provided in writing with your medication. Taking your medication at the right time is an important part of your therapy. Create a set schedule of when you should take your medication. Some medications should be taken at certain times of the day or with food. The length of your therapy depends on your condition and medication. This should be discussed with your physician. If you have any questions about your medication, administration, or would like additional education, please call the pharmacy to speak with a pharmacist.

## Side Effect Management

If you experience a serious drug reaction requiring immediate attention, call 911. If you experience side effects, that make you uncomfortable or taking your medication difficult, contact the pharmacy to speak with a pharmacist. There may be actions you can take to minimize side effects. The pharmacist may be able to suggest some common tips that could help with these issues. The pharmacist will work with you and your physician to decide the best course of action.


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## Missed Dose Management

If you have missed a dose of your medication:

- Do not take 2 doses at the same time or extra doses (or double up).
- If it is close to the time for your next dose, skip the missed dose and go back to your normal scheduled time of taking your medication.
- If your missed dose was missed recently (not close in time to your next dose), take the missed dose making sure to follow the instructions on your medication bottle.

## Vaccinations

Some vaccines could impact your therapy. If you have received a vaccine within 30 days or plan to receive a vaccine, notify the pharmacist.

## Safety Precautions, Medication Interactions, and Updates to Your Medication Profile

It is important to:

- Take your medication as prescribed
- Store your medication appropriately
- Notify the pharmacist of any changes to your health or medication regimen

If you are having trouble taking your medication as prescribed, please notify the pharmacist.

It is important that the pharmacist is aware of all the medications that you take, this includes:

- Prescription medications
- Over the counter medications
- Supplements

Some medications do not interact well together and could potentially cause negative outcomes. If there has been a change:

- Starting a new medication
- Stopping a medication
- Change in medication strength
- Change in medication frequency

Notify the pharmacist. The pharmacist will review the changes and let you know if there is a potential interaction. If so, the pharmacist will work with you and your physician for the best course of action.



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## Safe Medication Storage and Handling

Medications should be stored away from heat, air, light, and moisture. Some medications have specific storage requirements, like refrigeration. Review the information provided with your medication for specific storage instructions.

Some medications require special handling. Review the information provided with your medication for specific handling instructions. As a general rule:

- Wash your hands before and after handling your medication
- If gloves or supplies are used, discard any used gloves, medicine cups, and oral syringes in a plastic bag
- Tie or seal the plastic bag and place in your household trash bag for disposal

## Accessing Medications During an Emergency or Disaster

In the event of an emergency or disaster in your area it is important to be prepared. Should an emergency event or disaster occur in your area, please contact us. If the pharmacy is impacted by an emergency or disaster, we will contact you. We will contact you with detailed information on how to obtain your medication.

The following are helpful tips to prepare for an emergency/disaster:

- Have a plan – discuss with your provider and pharmacist
- Maintain an emergency health care kit
- Keep your gel/freezer packs (as needed for medication that requires refrigeration)
- Know how to reach us for access to medication
- Notify us if you must relocate to a safer area
- Keep at least 5 days of medication on hand

## Safe Medication Disposal

Follow the instructions provided with your medication for disposal. There are programs that allow the public to bring in unused medications for disposal. Some suggested programs are listed below. Speak with a pharmacist if you are unsure of how to dispose of your medication.

- **US Food and Drug Administration (FDA) Where and How to Dispose of Unused Medicines**: https://www.fda.gov/consumers/consumer-updates/where-and-how-dispose-unused-medicines
- **US Food and Drug Administration (FDA) Disposal of Unused Medicines: What You Should Know**: https://www.fda.gov/drugs/safe-disposal-medicines/disposal-unused-medicines-what-you-should-know
- **Drug Enforcement Administration (DEA) Public Disposal Locations Website**. Search for a take back program near you. https://apps2.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e1s1
- **RxDrugDropBox.org** Find a Prescription Disposal Box Near You. https://www.rxdrugdropbox.org/

# PATIENT RIGHTS & RESPONSIBILITIES

**As our patient, you have the RIGHT to:**

- Have personal health information shared with the patient management program only in accordance with state and federal law
- Identify the program's staff members, including their job title, and to speak with a staff member's supervisor if requested
- Speak to a health professional
- Receive information about the specialty patient management program
- Decline participation, or disenroll, at any point in time

**As our patient, you have the RESPONSIBILITY to:**

- Give accurate clinical and contact information and to notify the specialty patient management program of changes in this information
- Notify the treating prescriber of participation in the services provided by the pharmacy, such as the specialty patient management program

# PRIVACY NOTICE:
# NOTICE OF PRIVACY PRACTICES

**October 9, 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.**

Physicians Rx Pharmacy LLC, PRxP of CA LLC, and PRxP of New York LLC d/b/a Broadway Family Pharmacy (together, "we," "us," or "the Pharmacy") are required by law to maintain the privacy and security of your Protected Health Information (PHI). We must provide you with this notice of our legal duties and privacy practices. We are bound to follow the terms currently in effect within this notice.

This is a joint notice. The pharmacies named above are affiliated covered entities that share this notice and may share your health information with one another for treatment, payment, and health care operations as described below.

We reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all PHI we maintain. You can always request a written copy of our most current privacy notice, which is available upon request, within the pharmacy, and on our web site.



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## Part 1: Our Legal Duties and Your Rights

### Your Health Information Rights

When it comes to your health information, you have certain rights under federal HIPAA regulations. For all requests, you must submit your request in writing to the Privacy Officer. See Part 3: Contact & Complaints for the Privacy Officer contact information.

- **See or get an electronic or paper copy of your medical/prescription record:** You can ask to see or get a copy of your prescription history and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request. If we keep your records electronically, you can ask for an electronic copy, and you can ask us to send a copy to another person you name. We may charge a reasonable, cost-based fee.
- **Ask us to correct your record:** You can ask us to correct health information about you that you think is incorrect or incomplete. We may say "no" to your request, but we will tell you why in writing within 60 days.
- **Request confidential communications:** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.
- **Ask us to limit what we use or share:** You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- **Request a specific restriction for out-of-pocket payments:** If you pay for a prescription completely out-of-pocket (without involving your health insurance plan), you have the right to ask that we do not share that specific information with your insurer for the purpose of payment or our operations. We will say "yes" to this request unless a law requires us to share that information.
- **Choose someone to act for you:** If you have given someone medical power of attorney or if someone is your legal guardian, 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 list of those with whom we’ve shared information:** You can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date of your request, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). Your request must state a specific time period for the accounting (e.g., the past three months). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.


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- **Get a copy of this privacy notice:** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- **File a complaint if you feel your rights are violated:** You can submit a complaint if you feel we have violated your privacy rights by contacting our Privacy Officer listed in Part 3. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/hipaa/for-individuals/file-complaint/index.html. **We will not retaliate against you for filing a complaint.**

### Our Uses and Disclosures

We typically use and share your health information in the following ways:

- **To Treat You:** We can use your health information and share it with other professionals who are treating you. Example: A pharmacist may use your profile to check for drug interactions or call your doctor to clarify a prescription.
- **To Run Our Organization:** We can use and share your health information to run our pharmacy, improve your care, and contact you when necessary. Example: We use health information to manage your prescriptions and look for ways to optimize our workflow. This includes quality assurance, case management, responding to patient comments and complaints, compliance programs, audits, business planning, and administration.
- **To Bill for Your Services:** We can use and share your health information to bill and get payment from health plans or other entities. Example: We give information about your prescription to your health insurance plan so it will pay for your medication.
- **Remind you about refills and support your therapy:** We may contact you about refills, adherence support, and treatment options for your condition. Under HIPAA these communications are not marketing, even if a drug manufacturer or other third party helps pay for them, so long as any payment is limited to the cost of making the communication.
- **Share with family, friends, or others involved in your care:** We may share your health information with a family member, close friend, or other person involved in your care or in paying for your care if you agree, or if you are not able to tell us and we believe it is in your best interest (for example, when someone picks up a prescription for you). You have the right to object.
- **Work with our business associates:** We share health information with companies that perform services for us, such as delivery, billing, and software vendors, under written agreements that require them to protect your information.


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## How Else Can We Use or Share Your Health Information?

We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

- **Help with public health and safety issues:** We can share health information about you for certain situations such as preventing disease, helping with product recalls, reporting adverse reactions to medications, or reporting suspected abuse, neglect, or domestic violence.
- **Do research:** We can use or share your information for health research with your written authorization, when an institutional review board or privacy board has approved the research, or when the information has been de-identified.
- **Comply with the law:** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- **Work with a medical examiner or funeral director:** We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- **Address workers' compensation, law enforcement, and other government requests:** We can use or share health information about you for workers' compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, or for special government functions such as military, national security, and presidential protective services.
- **Respond to lawsuits and legal actions:** We can share health information about you in response to a court or administrative order. We may also respond to a subpoena or discovery request, but only if we receive the assurances HIPAA requires that you were notified or that a protective order was sought. Substance use disorder records (see below) and, where state law requires, HIV-related and other sensitive information will not be released without your written consent or a court order.

## Our Responsibilities

- **Breach Notification:** We are required by law to let you know promptly if a breach occurs that may have compromised the privacy or security of your protected health information.
- **Uses That Require Your Written Authorization:** We will not sell your health information, use or share it for marketing, or share psychotherapy notes (if we have them) without your written authorization. Any other use or disclosure not described in this notice will be made only with your written authorization. You may revoke an authorization at any time by writing to our Privacy Officer, except to the extent we have already acted on it.


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- **Substance Use Disorder Records:** If we receive records protected under federal substance use disorder privacy laws (42 CFR Part 2), we will use and disclose them only as Part 2 and this notice permit. We will not use or disclose them in any civil, criminal, administrative, or legislative proceeding against you unless you give written consent or a court orders it after you have had notice and an opportunity to be heard. A subpoena alone is not enough.
- **Redisclosure:** Health information we disclose about you, including substance use disorder records, may be redisclosed by the person who receives it and may no longer be protected by HIPAA or 42 CFR Part 2, unless that person is also required by law to protect it.
- **Fundraising:** We do not use your health information for fundraising.

## Part 2: State Law Protections

Where state law gives you greater privacy protection than HIPAA, we follow state law. This includes state laws that protect HIV-related, mental health, genetic, and substance use information, and state laws that give you faster access to your records. The provisions below apply to the states where our pharmacies are located. If you live in another state, your state's law may also give you additional rights; contact our Privacy Officer with questions.

### 1. Special Provisions for New York Facilities & Residents

If your prescription is filled at or through our New York pharmacy location, the following additional protections apply:

- **Genetic Testing Privacy**: In accordance with New York Civil Rights Law § 79-l, if we receive genetic test information about you, we will not disclose it without your separate written authorization, except as the law permits.
- **HIV/AIDS Confidentiality:** Under New York Public Health Law Article 27-F, we may disclose HIV-related information only to the persons and for the purposes that law permits (such as treatment, payment, and health oversight) or with your written authorization on the state-approved, or company universal, release form. Any disclosure we make will carry the Article 27-F statement prohibiting the recipient from redisclosing it.


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## 2. Special Provisions for California Facilities & Residents

If your prescription is filled at or through our California pharmacy location, or if you reside in California, the following additional protections apply:

- **Your Right to Inspect and Copy Your Records:** Under California law, you have the right to look at or receive a copy of your pharmacy and billing records. Upon receiving your written request, we will make your records available for inspection within 5 business days, or provide you with electronic or paper copies within 15 days.
- **Privacy Rights of Minors:** Under California law, if a minor lawfully consented to their own care (for example, certain reproductive health, STI prevention, or mental health services), the minor controls access to those records. We will not release their related prescription history or dispensing records to a parent or guardian without the minor's written authorization.
- **HIV Test Results:** Under California Health and Safety Code § 120980, we will not disclose the results of an HIV test without your written authorization, except as the law permits.

## 3. Special Provisions for Maryland Facilities & Residents

If your prescription is filled at or through our Maryland pharmacy location, the following additional protections apply:

- **Maryland Confidentiality of Medical Records Act (MCMRA):** Under the Maryland Confidentiality of Medical Records Act (Health-General § 4-301 et seq.), we will provide copies of your medical records within 21 working days of receiving your written request, we disclose your records only as that law permits, and persons who receive your records from us may not redisclose them except as the law allows.
- **HIV and Specialty Health Information:** Under the Maryland Confidentiality of Medical Records Act (Health-General § 4-301 et seq.) and Maryland's HIV confidentiality law (Health-General §§ 18-336 and 18-337), we will not disclose HIV test results, PrEP/PEP treatment history, or other HIV-related prescription records without your written authorization, except as Maryland law permits or requires. Anyone who receives this information from us may not redisclose it without your consent, except as the law allows.



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## Part 3: Contact & Complaints

To exercise any of your rights listed in this notice, to request a physical copy, or to submit a state-specific records request, please contact our Privacy Officer:

- **Privacy Officer:** Compliance Officer
- **Mailing Address:** 1193 Beechwood Blvd., Pittsburgh, PA 15206
- **Phone Number:** 855-566-3710
- **Email Address:** privacy@340bpharm.com

**To make a complaint to our accrediting body:**
URAC
Website: https://www.urac.org/file-a-grievance
Email Address: grievances@urac.org

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We do not discriminate on the basis of race, color, national origin, sex, age, or disability. Our Notice of Nondiscrimination, including how to file a grievance, is available at https://www.340bpharm.com/prxp/patients/nondiscrimination-notice/

**ATTENTION:** If you speak a language other than English, free language assistance services and auxiliary aids and services are available to you. Call:

| | |
|---|---|
| Physicians Rx Pharmacy LLC, Largo, MD | (888) 330-2153 (TTY: 711) |
| PRxP of New York LLC, New York, NY | (888) 609-2064 (TTY: 711) |
| PRxP of CA LLC, Ontario, CA | (888) 505-1485 (TTY: 711) |

# NOTICE INFORMING INDIVIDUALS ABOUT NONDISCRIMINATION AND ACCESSIBILITY REQUIREMENTS

## Discrimination is Against the Law

Physicians Rx Pharmacy LLC, PRxP of CA LLC, and PRxP of New York LLC d/b/a Broadway Family Pharmacy (together, "we," "us," or "the Pharmacy") complies with applicable Federal civil rights laws and does not discriminate, exclude individuals, or treat them differently on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including pregnancy or related conditions, sexual orientation, sex characteristics, gender identity, and sex stereotypes), or any combination thereof. We also comply with applicable state and local civil rights laws, including those of New York, California, and Maryland.

We provide timely, free aids and services—such as qualified sign language interpreters, accessible electronic formats, and language assistance services—to ensure effective communication. For these services, contact our Section 1557 Coordinator (Compliance Officer) using the information below. We also provide reasonable modifications to our policies and practices for individuals with disabilities. This notice is available in alternate formats, such as large print, on request. Our grievance procedure is also available on request.

If you believe we have failed to provide these services or discriminated against you in another way, you can file a grievance with our Section 1557 Coordinator via mail, phone, fax, or email:

- Compliance Officer
- 1193 Beechwood Blvd.
- Pittsburgh, PA 15206
- Phone: 855-566-3710
- Fax: 866-625-1688
- Email: privacy@340bpharm.com

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, online via the HHS OCR Complaint Portal, or by contacting them at 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, or by calling 1-800-368-1019 (800-537-7697 TDD). Complaint forms are accessible on the HHS OCR Website.

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| | |
|---|---|
| Physicians Rx Pharmacy LLC, Largo, MD | (888) 330-2153 (TTY: 711) |
| PRxP of New York LLC, New York, NY | (888) 609-2064 (TTY: 711) |
| PRxP of CA LLC, Ontario, CA | (888) 505-1485 (TTY: 711) |



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| PRxP of New York LLC, New York, NY | (888) 609-2064 (TTY: 711) |
| PRxP of CA LLC, Ontario, CA | (888) 505-1485 (TTY: 711) |

Spanish: ATENCIÓN: Si habla un idioma distinto al inglés, tiene a su disposición servicios gratuitos de asistencia lingüística y servicios y ayudas auxiliares.

Chinese Mandarin: 注意：如果您使用的语言不是英语，您可以获得免费的语言协助服务以及辅助设施与服务。

Chinese Cantonese: 注意：如果你講英文以外嘅語言，我哋可以免費提供語言協助服務同輔助輔助工具同服務。

Chinese Formosan: 注意：如果您使用的语言不是英语，您可以获得免费的语言协助服务以及辅助设施与服务

Tagalog (Filipino): PAALALA: Kung ikaw ay nagsasalita ng wikang iba sa Ingles, mayroong mga libreng serbisyo sa tulong-wika at mga karagdagang tulong at serbisyo na magagamit mo.

Vietnamese: LƯU Ý: Nếu quý vị sử dụng ngôn ngữ khác ngoài tiếng Anh, quý vị sẽ được cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ cũng như các dịch vụ và phương tiện hỗ trợ bổ sung.

Korean: 알림: 영어 이외의 언어를 사용하시는 경우, 무료 언어 지원 서비스와 보조 도구 및 서비스를 이용하실 수 있습니다.

Russian: ВНИМАНИЕ: Если вы не говорите по-английски, вам доступны бесплатные услуги языковой поддержки, а также вспомогательные средства и услуги.

Arabic: تنبيه: إذا كنت تتحدث لغة غير الإنجليزية، تتوفر لك خدمات المساعدة اللغوية المجانية، بالإضافة إلى الوسائل والخدمات المساعدة.

Haitian Creole: ATANSYON: Si w pale yon lòt lang anplis angle, gen sèvis asistans lengwistik gratis ansanm ak èd ak sèvis oksilyè ki disponib pou ou.

French: ATTENTION : Si vous parlez une autre langue que l'anglais, des services d'assistance linguistique gratuits ainsi que des aides et services auxiliaires sont mis à votre disposition.

Bangla: দৃষ্টি আকর্ষণ: আপনি যদি ইংরেজি ছাড়া অন্য কোনো ভাষায় কথা বলেন, তবে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং সহায়ক উপকরণ ও পরিষেবা উপলব্ধ রয়েছে।

Persian (Farsi): توجه: اگر به زبانی غیر از انگلیسی صحبت می‌کنید، خدمات رایگان کمک‌رسانی زبانی و همچنین امکانات و خدمات کمکی در اختیار شما قرار دارد.

Armenian: ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք անգլերենից բացի այլ լեզվով, Ձեզ հասանելի են լեզվական աջակցության անվճար ծառայություններ, ինչպես նաև օժանդակ միջոցներ և ծառայություններ:



*Continued on the next page*

Hindi: ध्यान दें: यदि आप अंग्रेज़ी के अलावा कोई अन्य भाषा बोलते हैं, तो आपके लिए मुफ़्त भाषा सहायता सेवाएँ और अतिरिक्त सहायता व सेवाएँ उपलब्ध हैं।

Amharic: ማሳሰቢያ፦ ከእንግሊዝኛ ውጪ ሌላ ቋንቋ የሚናገሩ ከሆነ፣ ነፃ የቋንቋ ድጋፍ አገልግሎቶች እንዲሁም ተጨማሪ ረዳት መሣሪያዎችና አገልግሎቶች ለእርስዎ ይገኛሉ።

Yiddish: אויפמערקזאַמקייט: אויב איר רעדט אַן אַנדער שפּראַך ווי ענגלישׁ, שטייען פֿאַר אייַך צו באַקומען אומזיסטע שפּראַך־הילף־דינסטן און צוגאַב־הילפֿמיטלען אין ייִדיש.

Urdu: توجہ فرمائیں: اگر آپ انگریزی کے علاوہ کوئی اور زبان بولتے ہیں، تو آپ کے لیے مفت لسانی معاونت کی خدمات اور اضافی معاون ذرائع و خدمات دستیاب ہیں۔

Gujarati: ધ્યાન આપો: જો તમે અંગ્રેજી સિવાયની અન્ય કોઈ ભાષા બોલતા હોવ, તો તમારા માટે મફત ભાષા સહાય સેવાઓ અને સહાયક સાધનો તથા સેવાઓ ઉપલબ્ધ છે.

Italian: ATTENZIONE: Se parla una lingua diversa dall'inglese, sono a Sua disposizione servizi di assistenza linguistica gratuiti, nonché ausili e servizi supplementari.

Polish: UWAGA: Jeśli posługujesz się językiem innym niż angielski, dostępne są dla Ciebie bezpłatne usługi językowe oraz pomocnicze środki i usługi.

Punjabi: ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਸੀਂ ਅੰਗਰੇਜ਼ੀ ਤੋਂ ਇਲਾਵਾ ਕੋਈ ਹੋਰ ਭਾਸ਼ਾ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਸਹਾਇਕ ਸਾਧਨ ਤੇ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ।

دھیان دیو: جے کر تُسیں انگریزی توں علاوہ کوئی ہور بھاشا بولدے ہو، تاں تُہاڈے لئی مفت بھاشا سہائتا سیواواں اتے سہائک سادھن تے سیواواں اُپلبدھ ہن۔

Mon-Khmer (Cambodian): សូមជ្រាបៈ ប្រសិនបើលោកអ្នកនិយាយភាសាផ្សេងក្រៅពីភាសាអង់គ្លេស លោកអ្នកអាចទទួលបានសេវាជំនួយផ្នែកភាសា និងឧបករណ៍ជំនួយ ព្រមទាំងសេវាកម្មនានាដោយឥតគិតថ្លៃ។

Japanese: ご注意：英語以外の言語を話される方は、無料の言語支援サービスや補助的手段・サービスをご利用いただけます。

Thai: เรียนท่านผู้ใช้บริการ: หากท่านใช้ภาษาอื่นที่ไม่ใช่ภาษาอังกฤษ ท่านสามารถใช้บริการช่วยเหลือด้านภาษา รวมถึงอุปกรณ์และบริการเสริมต่าง ๆ ได้โดยไม่มีค่าใช้จ่าย

Igbo: Ṛịba ama: Ọ bụrụ na ị na-asụ asụsụ ọzọ na-abụghị Bekee, enwere ọrụ enyemaka asụsụ n'efu yana enyemaka na ọrụ ndị ọzọ dịịrị gị.

Yoruba: ÀKÍYÈSÍ: Tí o bá ń sọ èdè mìíràn yàtọ̀ sí èdè Gẹ̀ẹ́sì, àwọn iṣẹ́ ìrànlọ́wọ́ nípa èdè àti àwọn ohun èlò tàbí iṣẹ́ àfikún wà fún ọ lọ́fẹ̀ẹ́.