

# Partners HealthCare Notice of Privacy Practices

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## Your Information. Your Rights. Our Responsibilities.

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.**

The word "Partners" in this Notice describes the privacy practices of Partners HealthCare System, Inc. and designated entities. A list of the Partners organizations that this Notice applies to can be found on our website at [www.partners.org/PatientPrivacyNotice](http://www.partners.org/PatientPrivacyNotice).

This Notice also applies to private doctors who are on the medical staff of these organizations if they see you at a Partners site (they will give you their own Notice if they see you in their private office).

## Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

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### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. You may also ask for your test results directly from the labs where your tests are done. Ask us how to do this.
  - We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
  - If your request is denied, we will explain the reasons, and tell you what your rights are.
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### 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.
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**Ask us to limit what we use or share**

- You can ask us **not** to use or share (outside of Partners) certain health information for treatment, payment, or our operations.
  - We are not required to agree to your request, and we have the option to say “no.”
- If you pay for a service or health care item out-of-pocket in full, you have the right to ask us not to share that information for the purpose of payment or our operations with your health insurer.

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**Choose someone to act for you**

- If you are unable to make health care decisions for yourself, and 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 allow them to make decisions for you.

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**Get a list of those with whom we’ve shared information (outside of Partners)**

- You can ask for a list (accounting) of the times we have shared your health information during the six years prior to the date you request an accounting. We will respond to your request within 60 days.
- 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). We will provide one accounting per 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.

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**Ask us to correct your medical record**

- You can ask us to correct health or billing information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, for example, if your provider feels that the information currently in your record is complete and accurate. If we deny your request, we’ll tell you why in writing within 60 days.
- If we agree to your request, we will ask you to give us the names of the people you want to receive the corrected information.

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**File a complaint if you feel your privacy rights are violated**

- You can complain if you feel we have violated your privacy rights by contacting the Partners HealthCare Privacy Office through the Partners Compliance HelpLine at 1-800-856-1983 or [www.partners.org/complianceline](http://www.partners.org/complianceline).
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to J.F. Kennedy Federal Building – Room 1875, Boston, MA 02203, by calling 800-368-1019, 800-537-7697 (TDD), or visiting [www.hhs.gov/hipaa/filing-a-complaint/](http://www.hhs.gov/hipaa/filing-a-complaint/).
- We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. We will treat you the same no matter what choices you make.

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**In these cases, you have the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Include your information in a hospital directory (information desk). If you are admitted to the hospital, your name, room location, general condition, and religion may be listed in that hospital's directory. This will be shared with members of your family, friends, members of the clergy, and to others who ask for you by name. You may ask to have your name taken off the directory list.
- We may use your information for fundraising to support the Partners system and its missions of excellence, but you can tell us not to contact you again. Information we may use is limited to demographic or other information allowed by law (such as name, address, telephone number or e-mail information, age, date of birth, gender, health insurance status, dates of service, department of service information, treating physician information, or outcome information).

*If you are not able to tell us your preference – for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

**In these cases we *never* share your information unless you give us written permission:**

- Marketing purposes.
  - Sale of your information.
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## Our Uses and Disclosures

**How do we typically use or share your health information?**

Partners has developed a shared electronic medical record for patient care that is used by:

- Partners, including its member organizations (e.g., hospitals, outpatient) and health care providers, and
  - Other **non-Partners** providers, such as Dana-Farber Cancer Institute (DFCI), and certain community physicians and physician groups.
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Partners participates in health information exchanges (HIEs), including the Massachusetts Health Information Highway (Mass HIway). Partners uses HIEs as a method to share, request, and receive electronic health information with other health care organizations. For questions, or if you want to opt out of sharing your information using the Mass HIway, contact the Partners Privacy Office through the Partners Compliance HelpLine at 1-800-856-1983 or [www.partners.org/complianceline](http://www.partners.org/complianceline).

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

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**Treat you**

- We can use your health information and share it with other professionals who are treating you both inside and outside of Partners.

***Example:** Your Specialist may discuss your condition and treatment with your Primary Care Physician.*

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**Run our organization**

- We can use and share your health information to run our hospitals or physician practices, improve your care, and contact you when necessary.

***Example:** We use health information about you for monitoring quality of care and teaching health care professionals.*

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**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 you to your health insurance plan so it will pay for your services.*

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**Contact you**

Partners may use your health information to contact you:

- At the address and telephone numbers you give to us including leaving messages at the telephone numbers
- With information about patient care issues, treatment choices, and follow-up care instructions
- With information that may be of interest to you which describes a health-related product or service provided by Partners
- At the e-mail address or other contact information you provide to assist us in activities described in this Notice

***Example:** We may contact you about scheduled or cancelled appointments, registration/insurance updates, billing or payment matters, pre-procedure assessment, satisfaction surveys, or test results.*

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**How else can we use or share your health information?** We are allowed or required to share your information without your authorization 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. The following are examples of how we may share information without your authorization:

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**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
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone’s health or safety
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**Perform research**

- We can share health information about you for research that is approved by a Partners Research Committee or its designee when written permission is not required by federal or state law. This also may include preparing for research or telling you about research studies in which you might be interested.
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**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.
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**Respond to organ and tissue donation requests**

- We can share health information about you with organ procurement organizations.
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**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.
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**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 under specific conditions such as reporting when someone is the victim of a crime
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services
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**Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.
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For more information, see:

[www.hhs.gov/hipaa/for-individuals/index.html](http://www.hhs.gov/hipaa/for-individuals/index.html)

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**When do we need your written permission before sharing your health information?** We will not share your health information for other purposes not described in this Notice unless you give us your written permission. We are also restricted by state and other federal laws from sharing without your written permission certain types of health information that is considered highly sensitive.

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**Generally, we will ask for your consent before we share certain sensitive information such as:**

- Records of treatment received at federally funded substance use disorder programs
- Certain psychotherapy documentation
- HIV testing or test results
- Genetic information
- Confidential communications with a Licensed Social Worker
- Records from a Domestic Violence Victims Counselor or Sexual Assault Counselor

Laws that protect this information do have many exceptions. For instance, we may share your health information without your consent if necessary to report suspected child or elder abuse or neglect, and for other purposes as allowed by law.

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You may cancel an authorization or consent at any time in writing or, in certain limited situations, orally, except if we have already relied upon it. For example, if we already shared your health information with whom you previously gave us written permission, we cannot get it back.

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## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
  - We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
  - We must follow the duties and privacy practices described in this Notice and offer you a copy of it.
  - We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
  - Partners maintains hospital medical records for at least 20 years after your discharge or after your final treatment; other records are maintained in accordance with state and federal regulations. A copy of the Partners Retention Guideline for Clinical Records is available upon request.
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**For more information see:**

[www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html](http://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html).

### **Changes to the Terms of This Notice**

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request in registration areas, on our web site at [www.partners.org/PatientPrivacyNotice](http://www.partners.org/PatientPrivacyNotice), or you can request a copy by contacting the Partners Privacy Office through the Partners Compliance HelpLine at 1-800-856-1983 or [www.partners.org/complianceline](http://www.partners.org/complianceline).

### **EFFECTIVE DATE OF THIS NOTICE**

This Notice is effective as of January 1, 2019.

## Notice Informing Individuals About Nondiscrimination and Accessibility Requirements and Nondiscrimination Statement: Discrimination is Against the Law

Partners HealthCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, citizenship, alienage, religion, creed, sex, sexual orientation, gender identity, age, or disability. Partners HealthCare does not exclude people or treat them differently because of race, color, national origin, citizenship, alienage, religion, creed, sex, sexual orientation, gender identity, age, or disability.

Partners HealthCare members:

- Provide 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)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator for the site involved (see listing at [www.partners.org/CivilRightsCoordinators](http://www.partners.org/CivilRightsCoordinators)).

If you believe that a Partners entity has failed to provide these services or discriminated in another way on the basis of race, color, national origin, citizenship, alienage, religion, creed, sex, sexual orientation, gender identity, age, or disability, you can file a grievance in person or by mail or fax, using the information at [www.partners.org/Notices/Nondiscrimination-Statement.aspx](http://www.partners.org/Notices/Nondiscrimination-Statement.aspx). If you need help filing a grievance, the Site Civil Rights Coordinator is available to help you, or you may contact the Partners Compliance HelpLine at 1-800-856-1983 or [www.partners.org/complianceline](http://www.partners.org/complianceline).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR), electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.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)

Or by contacting the OCR New England Regional Office at:

Office for Civil Rights  
U.S. Department of Health and Human Services  
Government Center  
J.F. Kennedy Federal Building - Room 1875  
Boston, MA 02203  
1-800-368-1019, 800-537-7697 (TDD)

**Complaint forms are available at:**  
[www.hhs.gov/hipaa/filing-a-complaint/index.html](http://www.hhs.gov/hipaa/filing-a-complaint/index.html).



## Interpreter Services

ATTENTION: Language assistance services, free of charge are available to you. Please let us know your primary language and we will have an interpreter available to assist with your care.

Albanian/ Shqip	VINI RE: Nëse flisni shqip, atëherë do t'ju vihen në dispozicion pa pagesë shërbime të ndihmës gjuhësore. Ju lutemi të na vini në dijeni për gjuhën tuaj kryesore dhe ne do t'ju vëmë në dispozicion një përkthyes gojor për t'ju ndihmuar gjatë kohës që ju ofrohet kujdesi.
Amharic/ አማርኛ	ማሳሰቢያ፡ አማርኛ ቋንቋ የሚናገሩ ከሆነ፣ ከክፍያ ነጻ የሆነ የቋንቋ ድጋፍ አገልግሎቶች ይቀርቡልዎታል። እባክዎ ተቀዳሚ ያሳውቁንና በሕክምናዎ ወቅት የሚያግዝዎ አስተርጓሚ እናዘጋጃለን።
Arabic/ العربية	تنبيه: إذا كنت تتحدث اللغة العربية، تتوفر خدمات المساعدة اللغوية وتقديم لكم مجاناً. يرجى اطلعنا على لغتك الأساسية وسنقوم بتوفير مترجم لمساعدتك في أثناء تلقيكم للرعاية.
Armenian/ հայերեն	ՈՒՇԱԴԴՐՈՒԹՅՈՒՆ՝ Եթե դուք խոսում եք հայերեն, լեզվի աջակցման ծառայությունները, անվճար, հասանելի կլինեն ձեզ համար: Խնդրում ենք սեզ տեղյակ պահել ձեր առաջնային լեզվի մասին, և սենք կտրամադրենք թարգմանիչ, որը կարող է ձեզ օգնել:
Bengali/ বাংলা	মনোযোগ দিন: আপনি যদি বাংলায় কথা বলেন তাহলে বিনামূল্যে আপনা ভাষা সহায়তা সবো পতে পারেন। অনুগ্রহ করে আমাদের আপনার প্রাথমিক ভাষা জানান এবং আপনার যত্ন পরিচর্যা সাহায্যের জন্য আমরা একজন অনুবাদকরে ব্যবস্থা করব।
Cape Verdean Creole/ Kriolu di Kabuverdi	ATENSON: Si bu ta papia Kriolu di Kabuverdi, nu ten sirbisu di asisténsia di língua di grasa pa bo. Pur favor, informa-nu bu língua maternu y nu to providensia un tradutor pa da-bu asisténsia ku bu konsulta ô tratamentu.
Chinese/ 中文	注意：如果您说中文，我们可为您提供免费的语言援助服务。请告知我们您的主要语言，我们将提供译员帮助您处理您的护理相关事宜。 <i>Cantonese    Mandarin    Toisanese    Taiwanese/Fukienese</i> 廣東話   國語   台山話   台灣語/福建話
Dinka (Nilotic)/ Thuɔŋjäŋ	DETTIC: Na ye jam në Thuɔŋjäŋ (Dinka), ke kuɔ̃ny de kāk ke thok, abac, atō në yin. Cɔk wuɔk nyic thoŋ duɔn yin jam ku bi naŋ raan wëër thok bi tō bi yin kuɔny në muɔ̃k du.
French/ Français	ATTENTION : Si vous parlez français, nous vous offrons nos services d'aide linguistique gratuits. Indiquez-nous quelle est votre langue de préférence et nous mettrons à votre disposition un interprète pour vous aider avec vos soins de santé.
French Creole (Haitian Creole) Kreyòl Ayisyen	ATANSYON: Si ou pale Kreyòl Ayisyen, w ap jwenn sèvis asistans nan lang ou pale a, gratis. Tanpri, fè nou konnen kisa lang natifnatal ou ye e n ap ba w yon entèprèt ki pou ede w avèk swen w.
German/ Deutsch	HINWEIS: Wenn Sie Deutsche sprechen, stehen Ihnen sprachliche Unterstützungsdienste kostenlos zur Verfügung. Bitte teilen Sie uns Ihre primäre Sprache mit, und wir halten einen Dolmetscher bereit, der sich Ihrer Sorgen/Bedenken annimmt.
Greek/ Ελληνικά	ΠΡΟΣΟΧΗ: Αν μιλάτε Ελληνικά, σας παρέχουμε δωρεάν υπηρεσίες γλωσσικής υποστήριξης. Ενημερώστε μας για να έχετε στη διάθεσή σας διερμηνέα στη γλώσσα σας.
Gujarati/ ગુજરાતી	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો, ભાષા સહાય સેવાઓ, નિ:શુલ્ક, તમારા માટે ઉપલબ્ધ છે. કૃપા કરી અમને તમારી પ્રાથમિક ભાષા જણાવો અને અમે એક દુભાષિયો ઉપલબ્ધ કરાવીશું જે ચોકસાઈ રાખી તમારી સહાય કરશે.

Hebrew/ עברית	נא לשים לב: אם אתם מדברים עברית, תוכלו ליהנות משירותי עזרה לשוניים, המסופקים ללא תמורה. להודיע לנו מהי השפה העיקרית שלכם ואנחנו נספק לכם מתרגמן/ית לסייע לכם.
Hindi/ हिंदी	ध्यान दें: यदा आप हाँदी बोलते हैं, तो आपके लाँए भाषा सहायता सेवाँ, नाँ:शुल्क उपलब्ध हैं। कृपया हमँ अपनी प्राथमकि भाषा बताँँ और हम आपकी देखभाल में सहायता करने के लाँए एक दुभाषयिा उपलब्ध कराँँगे।
Hmong/ Hmoob	LUS TSHAJ TAWM: Yog koj hais lus Hmoob, cov kev pab cuam txhais lus, muaj pub dawb rau koj. Thov qhia koj thawj hom lus hais rau peb paub thiab peb yuav muaj ib tug kws pab txhais lus los pab nrog kev saib xyuas ko
Indonesian/ Bahasa Indonesia	PERHATIAN: Jika Anda berbahasa Indonesia, tersedia layanan bantuan bahasa bebas biaya. Harap beri tahukan bahasa utama Anda dan kami akan menyediakan juru bahasa yang akan membantu Anda.
Italian/ Italiano	ATTENZIONE: Se parli italiano, ti offriamo i nostri servizi gratuiti di assistenza linguistica. Dicci qual'è la tua lingua madre e metteremo a tua disposizione un interprete che ti aiuti con l'assistenza medica.
Japanese/ 日本語	重要: 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になれます。あなたの一次言語をお伝えください、ケアの際にお手伝いする通訳をご用意いたします。
Khmer, Cambodian/ ភាសាខ្មែរ	សម្គាល់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ ជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់អ្នកដោយឥតគិតថ្លៃ។ សូមប្រាប់យើងអំពីភាសាទីចម្បងរបស់អ្នក ហើយយើងនឹងផ្តល់ជូនអ្នកបកប្រែភាសាម្នាក់ដើម្បីជួយដល់ការថែទាំរបស់អ្នក។
Korean/ 한국어	참고: 한국어 사용자의 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 주언어를 알려주시면 귀하의 케어 서비스에 대해 도움을 드릴 통역자를 마련하겠습니다.
Laotian/ ພາສາລາວ	ໝາຍເຫດ: ຖ້າ ທ່ານ ອາດ ຈາກ ພາສາ ລາວ, ທ່ານ ສາມາດ ໃຊ້ ການ ບໍລິ ການ ຊ່ວຍ ເຫຼືອ ຈຸດ ຈຳ ນວນ ພາສາ ໄດ ຍບ ັນ ເສຍ ຄ່າ. ກະ ລຸ ນາ ເຈ ັ້ງ ບອກ ພາສາ ຕົ ັນ ຕໍ່ ຂອງ ທ່ານ ແລະ ພວກ ເຮ ັ້ງ ຈະ ຈັ ດ ຫາ ລ ັ ນ ພາ ສາ ເ ັ້ງ ອາ ຊ ັ ດ ຈຳ ນວນ ໃນ ການ ດ ຸ ແລ ບ ັ ນ ຈຳ ນວນ.
Nepali/ नेपाली	ध्यान दिनुहोस्: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने, तपाईंको लागि भाषासम्बन्धी सहायता सेवा सितैँमा उपलब्ध छ। कृपया तपाईंको प्राथमिक भाषाबारे हामीलाई बताउनुहोस् अनि तपाईंको सेवा-उपचारमा सहायता पुऱ्याउन हामी तपाईंलाई एक दोभासे उपलब्ध गराउनेछौँ।
Oromo (Cushite)/ oromiffaa	HUBADHAA: Yoo Afaan dubbattu itti galchi dubbata ta'e, tajaajilawwan gargaarsa faanii, kaffaltii irra bilisaa, siif kennamu. Afaan jalqabaa kee nu beeksisiitii ogeessa hiika afaanii kunuunsa kee irratti sigargaaru ni qopheessina.
Polish/ Język polski	UWAGA: dla użytkowników języka polskiego dostępna jest bezpłatna pomoc językowa. Proszę podać swój język ojczysty, abyśmy mogli zapewnić Państwu wsparcie tłumacza ustnego.
Portuguese/ Português	ATENÇÃO: se você fala português, os serviços de suporte ao idioma estão disponíveis gratuitamente para você. Informe-nos qual é o seu idioma e nós providenciaremos um intérprete disponível para ajudá-lo.

Rundi (Bantu)/ Ikirundi	MENYA NEZA: Niwaba uvuga Ikirundi, dutanga ubufasha mu bijanye n'ivy'indimi, kandi ku buntu. Tubwire ururimi kavukire rwawe hanyuma tukuronderere umusobanuzi w'indimi.
Russian/ Русский	ВНИМАНИЕ! Если вы говорите по-русски, то можете воспользоваться бесплатными услугами языковой поддержки. Сообщите, какой язык является для вас родным, и мы предоставим вам переводчика.
Serbo- Croatian/ Srpski/hrvatski	PAŽNJA: Ako govorite srpski/hrvatski, besplatno vam je dostupna usluga pomoći u vezi sa jezikom. Recite nam koji je vaš primarni jezik i obezbedićemo prevodioca koji će pomoći u vezi sa vašom negom.
Somali/ Soomaali	FIIRO GAAR AH: Haddii aad ku hadashid Soomaali, adeegyada caawinta luuqada, bilaash ah, waa lagu heli karaa adiga. Fadlan nasoo ogeysii luuqadaada koowaad oo waxaan heleynaa turjumaano badan oo la heli karo oo kugu caawiyaa daryeelkaaga.
Spanish/ Español	ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística gratuitos a su disposición. Déjenos saber cuál es su idioma nativo y le brindaremos un intérprete para asistirle con sus cuidados de salud.
Swahili/ Kiswahili	KUMBUKA: Ikiwa unazungumza Kiswahili, huduma za usaidizi wa lugha, bila malipo, zinapatikana kwa ajili yako. Tafadhali tujulishe lugha yako msingi na tutakupatia mkalimani atakayekusaidia katika mahitaji yako.
Tagalog/ Tagalog	PAUNAWA: Kung Tagalog ang inyong wika, may maaari kayong kuning mga libreng serbisyo ng tulong sa wika. Pakisabi sa amin kung ano ang pangunahin ninyong wika at maglalaan kami ng interpreter upang tumulong sa inyong pangangalaga.
Thai/ ภาษาไทย	โปรดทราบ: คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี หากคุณพูดภาษาไทย โปรดแจ้งภาษาหลักของคุณให้เราทราบและเราจะมีล่ามเพื่อช่วยเหลือในการดูแลของคุณ
Urdu/ اردو	توجہ دیں: اگر آپ اردو بولتے ہیں تو آپ کے لیے زبان میں مدد کی خدمات مفت دستیاب ہیں۔ براہ کرام ہمیں اپنی بنیادی زبان بتائیں اور ہم آپ کی نگہداشت میں مدد کرنے کے لیے کوئی ترجمان دستیاب کرائیں گے۔
Vietnamese/ Tiếng Việt	CHÚ Ý: Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Vui lòng cho chúng tôi biết ngôn ngữ chính của quý vị, chúng tôi sẽ cung cấp một thông dịch viên hỗ trợ dịch vụ chăm sóc của quý vị.