NOTICE OF PRIVACY PRACTICES

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.

YOU MAY PRINT THIS FOR YOUR RECORDS.

Oklahoma Arthritis Center and its affiliates are committed to protecting our patients' information, and we encourage you to contact our Compliance Department should you have any issues or questions concerning your personal and private health information.

This Notice applies to Oklahoma Arthritis Center and the following affiliated entities, which follow the terms of this Notice and may share your Protected Health Information with each other for treatment, payment, and health care operations as described below. The affiliates include, **Oklahoma Family Wellness Center; Oklahoma Infusion Services; Oklahoma Neurology Center; Oklahoma Alzheimer's Center and Oklahoma Dermatology Specialists.**

All of our locations, providers, and workforce members follow this Notice.

Original Effective Date: April 14, 2003

Revised Date: **NOVEMBER 09, 2026**

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR IF YOU NEED MORE INFORMATION, PLEASE CONTACT OUR COMPLIANCE & RISK MANAGEMENT DEPARTMENT:
1701 S. Renaissance Blvd.
Edmond, OK 73013
Telephone: (405) 844-4978 ext. 304
Fax: (405) 844-0562
Email: okprivacy@okarthritis.com

About This Notice

We are required by law to maintain the privacy of Protected Health Information and to give you this Notice explaining our legal duties and privacy practices with regard to that information. You have certain rights – and we have certain legal obligations – regarding the privacy of your Protected Health Information, and this Notice also explains your rights and our obligations. We are also required by law to notify you following a breach of your unsecured Protected Health Information. We are required to abide by the terms of the current version of this Notice.

What is Protected Health Information?

"Protected Health Information" is information that individually identifies you and that we create or get from you or from another health care provider, health plan, your employer, or a health care clearinghouse and that relates to (1) your past, present, or future physical or mental health or conditions, (2) the provision of health care to you, or (3) the past, present, or future payment of your health care. It includes information in any form – paper, electronic, or spoken – including information in our electronic health record and patient portal.

How We May Use and Disclose Your Protected Health Information

We may use and disclose your Protected Health Information in the following circumstances:

- **Treatment.** We may use or disclose your Protected Health Information to give you medical treatment or services and to manage and coordinate your medical care. For example, your Protected Health Information may be provided to a physician or other health care provider (e.g. a specialist or laboratory) to whom you have been referred to ensure that the physician or other health care provider has the necessary information to diagnose or treat you or provide you with a service. We may also use your information to contact you with appointment reminders or to tell you about treatment alternatives or health-related services that may be of interest to you, including by telephone, text message, email, or our patient portal.

- **Payment.** We may use and disclose your Protected Health Information so that we can bill for the treatment and services you receive from us and can collect payment from you, a health plan, or a third party. This use and disclosure may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, we may need to give your health plan information about your treatment in order for your health plan to agree to pay for that treatment.
- **Healthcare Operations.** We may use and disclose Protected Health Information for our health care operations. For example, we may use your Protected Health Information to internally review the quality of the treatment and services you receive and to evaluate the performance of our team members in caring for you. We also may disclose information to physicians, nurses, medical technicians, medical students, and other authorized personnel for educational and learning purposes.
- **Health Information Exchange.** We participate in certain health information networks or exchanges (HIEs) including the MyHealth information exchanges which allow your other treating providers and health plans to securely access your Protected Health Information for treatment, payment, and other purposes permitted by law. You may opt out of having your information made available through the exchange by contacting our Compliance Department. Opting out will not affect your ability to receive care from us, but information shared before you opt out may remain available to those who already received it.
- **Minors.** We may disclose the Protected Health Information of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law. When Oklahoma law allows a minor to consent to certain care on his or her own, we will follow Oklahoma law regarding who may access information about that care.
- **School Immunizations.** We may disclose the immunization record of your minor student or prospective student to a school if: (1) state law requires the schools to have proof of immunization; and (2) we obtain and document the agreement of you as the parent or guardian. Your agreement may be in writing (but need not satisfy the requirements for a HIPAA authorization) or oral, in which case we must document the agreement.
- **Research.** We may use and disclose your Protected Health Information for research purposes, but we will only do so if the research has been specially approved by an authorized institutional review board or a privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your Protected Health Information. Even without that special approval, we may permit researchers to look at Protected Health Information to help them prepare for research. For example, to allow them to identify patients who may be included in their research project, as long as they do not remove, or take a copy of, any Protected Health Information. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research. However, we will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to (1) use the data set only for the purposes for which it was provided, (2) ensure the confidentiality and security of the data, and (3) not identify the information or use it to contact any individual.
- **As Required by Law.** We will disclose Protected Health Information about you when required to do so by federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose Protected Health Information when necessary to prevent or lessen a serious threat to your health or safety or to the health or safety of others. We will only disclose the information to someone who may be able to help prevent or lessen the threat.
- **Business Associates.** We may disclose Protected Health Information to our business associates who perform functions on our behalf or provide us with services if the Protected Health Information is necessary for those functions or services. For example, we may use another company to do our billing, to provide transcription, information technology, electronic health record, cloud hosting, patient portal, or consulting services for us. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your Protected Health Information.
- **Organ and Tissue Donation.** If you are an organ or tissue donor, we may use or disclose your Protected Health Information to organizations that handle organ procurement or transplantation – such as an organ donation bank – as necessary to facilitate organ or tissue donation and transplantation.

- **Military and Veterans.** If you are a member of the armed forces, we may disclose Protected Health Information as required by military command authorities. We also may disclose Protected Health Information to the appropriate foreign military authority if you are a member of a foreign military.
- **Workers' Compensation.** We may use or disclose Protected Health Information for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose Protected Health Information for public health activities. This includes disclosures to: (1) a person subject to the jurisdiction of the Food and Drug Administration ("FDA") for purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity; (2) prevent or control disease, injury or disability; (3) report births and deaths; (4) report child abuse or neglect; (5) report reactions to medications or problems with products; (6) notify people of recalls of products they may be using; and (7) a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- **Abuse, Neglect, or Domestic Violence.** We may disclose Protected Health Information to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence and the patient agrees or we are required or authorized by law to make that disclosure.
- **Health Oversight Activities.** We may disclose Protected Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure, and similar activities that are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Data Breach Notification Purposes.** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose Protected Health Information in response to a court or administrative order. We also may disclose Protected Health Information in response to a subpoena, discovery request, or other legal process from someone else involved in the dispute, but only if efforts have been made to tell you about the request or to get an order protecting the information requested. We may also use or disclose your Protected Health Information to defend ourselves in the event of a lawsuit. Special limits apply to substance use disorder treatment records, as described below.
- **Law Enforcement.** We may disclose Protected Health Information, so long as applicable legal requirements are met, for law enforcement purposes, such as in response to a court order, warrant, or subpoena; to identify or locate a suspect, fugitive, material witness, or missing person; or to report a crime on our premises.
- **Military Activity and National Security.** If you are involved with military, national security or intelligence activities or if you are in law enforcement custody, we may disclose your Protected Health Information to authorized officials so they may carry out their legal duties under the law.
- **Coroners, Medical Examiners, and Funeral Directors.** We may disclose Protected Health Information to a coroner, medical examiner, or funeral director so that they can carry out their duties.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose Protected Health Information to the correctional institution or law enforcement official if the disclosure is 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) the safety and security of the correctional institution.

Special Protections for Certain Types of Information

- **Substance Use Disorder Treatment Records (42 C.F.R. Part 2).** Some health information we receive or maintain may be records of substance use disorder treatment protected by federal law at 42 C.F.R. Part 2 ("Part 2 Records"). Part 2 Records are subject to stricter protections than other health information. If we receive Part 2 Records based on your written consent for treatment, payment, and health care operations, we may use and further disclose those records as permitted by HIPAA and described in this Notice, except as limited below.
- Part 2 Records, and testimony relaying the content of those records, will not be used or disclosed in any civil, criminal, administrative, or legislative proceeding against you unless (1) you give specific written consent, or (2) a court issues an order that meets the requirements of 42 C.F.R. Part 2, after notice and an opportunity to be heard is provided to you or

the holder of the record. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the record is used or disclosed.

- If we intend to use or disclose Part 2 Records for fundraising for our own benefit, you will first be given a clear and conspicuous opportunity to elect not to receive fundraising communications.
- **Other Laws That Provide Greater Protection.** Oklahoma law and other federal laws may provide greater protection for certain types of information, such as information about HIV/AIDS and other communicable or sexually transmitted diseases, mental health treatment, and certain care a minor may consent to on his or her own. When those laws are stricter than HIPAA, we will follow the stricter law and, where required, obtain your written permission before using or disclosing that information.

Uses and Disclosures That Require Us to Give You an Opportunity to Object and Opt Out

- **Individuals Involved in Your Care or Payments for Your Care.** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care or payment for your care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.
- **Disaster Relief.** We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.

Your Written Authorization is Required for Other Uses and Disclosures

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Most uses and disclosures of psychotherapy notes (if we maintain them);
2. Uses and disclosures of Protected Health Information for marketing purposes; and
3. Disclosures that constitute a sale of your Protected Health Information.

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Compliance Department and we will no longer disclose Protected Health Information under the authorization. However, any disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

Your Rights Regarding Your Protected Health Information

You have the following rights, subject to certain limitations, regarding your Protected Health Information:

- **Right to Inspect and Copy.** You have the right to inspect and copy Protected Health Information that may be used to make decisions about your care or payment for your care. We will act on your request within 30 days. If we need more time, we may extend this once by up to 30 additional days, and we will tell you in writing the reason for the delay and the date we will respond. We may charge you a reasonable, cost-based fee for the costs of copying, mailing or other supplies associated with your request, and we will tell you about any fee in advance. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. You may also view and download much of your information at no charge through our patient portal. We may deny your request in certain limited circumstances. If we do deny your request, you may in some cases have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.
- **Right to a Summary or Explanation.** We can also provide you with a summary of your Protected Health Information, rather than the entire record, or we can provide you with an explanation of the Protected Health Information which has been provided to you, so long as you agree to this alternative form and pay the associated fees.
- **Right to an Electronic Copy of Electronic Medical Records.** If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request

that an electronic copy of your record be given to you or transmitted to another individual or entity. A request to send your record to another person or entity must be in writing, signed by you, and clearly identify the recipient and where to send the copy. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

- **Right to Request Amendments.** If you feel that the Protected Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. A request for amendment must be made in writing to the Compliance Department at the address provided at the beginning of this Notice and it must tell us the reason for your request. We will act on your request within 60 days (with one extension of up to 30 days if we tell you in writing). In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.
- **Right to Accounting of Disclosures.** You have the right to ask for an "accounting of disclosures," which is a list of the disclosures we made of your Protected Health Information during the six years before the date of your request. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes, and certain other disclosures (such as those you authorized). The right to receive this information is subject to certain exceptions, restrictions and limitations. The first accounting of disclosures you request within any 12-month period will be free. For additional requests within the same period, we may charge you for the reasonable costs of providing the accounting. We will tell you what the costs are, and you may choose to withdraw or modify your request before the costs are incurred.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the Protected Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Protected Health Information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. To request a restriction on who may have access to your Protected Health Information, you must submit a written request to the Compliance Department. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to your request, unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operations purposes, the disclosure is not otherwise required by law, and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full (for example, if you pay for a service in full yourself so that your health plan is not billed). If we do agree to the requested restriction, we may not use or disclose your Protected Health Information in violation of that restriction unless it is needed to provide emergency treatment.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you only at your work number. You must make any such request in writing and you must specify how or where we are to contact you. We will accommodate all reasonable requests. We will not ask you the reason for your request. If you ask us to communicate with you or send your information by unencrypted email or text message, we will first tell you about the risk that the information could be read by a third party, and we will honor your request if you still want us to use that method.
- **Right to Be Notified of a Breach.** You have the right to be notified if there is a breach of your unsecured Protected Health Information.
- **Right to Choose Someone to Act for You.** If you have given someone medical power of attorney or if someone is your legal guardian or personal representative, that person can exercise your rights and make choices about your health information. We will confirm that the person has this authority before we take any action.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time. This Notice is also available on our website at **https://www.okarthritis.com/**.

How to Exercise Your Rights

To exercise your rights described in this Notice, send your request, in writing, to our Compliance Department at the address listed at the beginning of this Notice, or submit it through our patient portal where that option is available. We may ask you to fill out a form that we will supply. To exercise your right to inspect and copy your Protected Health Information, you may also contact your physician directly. To get a paper copy of this Notice, contact our Compliance Department by telephone or mail, or you may request a copy from the front desk team.

Changes to This Notice

We reserve the right to change this Notice and our privacy practices. We reserve the right to make the changed Notice effective for Protected Health Information we already have as well as for any Protected Health Information we create or receive in the future. If we make a material change, we will promptly revise this Notice, post it in our offices and on our website, and make copies available at each location and upon request. The effective date of this Notice appears at the beginning of this Notice. A copy of our current Notice is posted in our offices and on our website.

Complaints

You may file a complaint with our Compliance Department at the address listed at the beginning of this Notice or with the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights if you believe your privacy rights have been violated. Complaints to our Compliance Department should be made in writing. Complaints to the Office for Civil Rights generally must be filed within 180 days of when you knew or should have known of the act or omission, although the Office for Civil Rights may extend this deadline for good cause. You may also file a complaint with the Office for Civil Rights about a violation involving Part 2 Records. There will be no retaliation against you for filing a complaint.

To file a complaint with the Office for Civil Rights, file online at https://ocrportal.hhs.gov/ocr/cp, email OCRComplaint@hhs.gov, or mail it to:

Centralized Case Management Operations, U.S. Department of Health and Human Services, Office for Civil Rights
200 Independence Ave. S.W., Room 509F, HHH Bldg.
Washington, D.C. 20201
Toll free: 1-800-368-1019; TDD: 1-800-537-7697
Or, go to the website of the Office for Civil Rights at www.hhs.gov/hipaa/filing-a-complaint for more information.

Notice of Nondiscrimination

Oklahoma Arthritis Center & its affiliates complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). Oklahoma Arthritis Center does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Oklahoma Arthritis Center affiliates include, **Oklahoma Family Wellness Center; Oklahoma Infusion Services; Oklahoma Neurology Center; Oklahoma Alzheimer's Center, and Oklahoma Dermatology Specialists.**

Free Services We Provide

Oklahoma Arthritis Center:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English, which may include:
    - Qualified interpreters
    - Information written in other languages

How to Get Help or File a Grievance

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Compliance Department.

If you believe that Oklahoma Arthritis Center 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:

Compliance & Risk Management, Civil Rights Coordinator
Oklahoma Arthritis Center
1701 S. Renaissance Blvd., Suite 110
Edmond, OK 73013
Phone: (405) 844-4978, ext. 304
Fax: (405) 844-0562
Email: compliance@okarthritis.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, please contact **Compliance & Risk Management, Civil Rights Coordinator.**

Filing a Complaint with HHS

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.html.

This notice is available on Oklahoma Arthritis Center's website: **https://www.okarthritis.com/**.

Language Assistance and Accessibility

ATTENTION: Oklahoma Arthritis Center provides free language assistance services and free appropriate auxiliary aids and services to help you communicate with us and access our information. These include qualified interpreters, information written in other languages, and information in accessible formats such as large print, audio, and accessible electronic formats. To get these services, call 405-844-4789, ext. 304, email compliance@okarthritis.com , or speak with a member of our staff.

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 405-844-4978, ext. 304 (TTY: 711) o hable con su proveedor.

Vietnamese

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ cho quý vị. Các phương tiện và dịch vụ hỗ trợ phù hợp để cung cấp thông tin ở các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi số 405-844-4978, ext. 304 (TTY: 711) hoặc trao đổi với nhà cung cấp dịch vụ chăm sóc sức khỏe của quý vị.

Chinese (Traditional)

注意：如果您說中文，您可以免費獲得語言協助服務。我們也免費提供適當的輔助設備和服務，以無障礙格式提供資訊。請致電 405-844-4978, ext. 304 (TTY: 711) 或與您的醫療服務提供者聯絡。

Chinese (Simplified)

注意：**如果您**说中文，您**可以免**费获得语言协助服务。我们也免费提供适当的辅助设备和服务，以无障碍格式提供信息。请致电 405-844-4978, ext. 304 (TTY: 711) **或与您的医**疗服务提供者联系。

Korean

주의: 한국어를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 405-844-4978, ext. 304 (TTY: 711)번으로 전화하시거나 담당 의료 서비스 제공자에게 문의하십시오.

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Geeignete Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten sind ebenfalls kostenlos erhältlich. Rufen Sie 405-844-4978, ext. 304 (TTY: 711) an oder sprechen Sie mit Ihrem Gesundheitsdienstleister.

Arabic

تنبيه :إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجانًا .كما تتوفر مجانًا وسائل وخدمات مساعدة مناسبة لتقديم المعلومات بتنسيقات يسهل الوصول إليها .اتصل على 4978-844-405 ,ext. 304 (TTY: 711) .أو تحدث إلى مقدم الرعاية الصحية الخاص بك

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, may makukuha kang libreng serbisyo ng tulong sa wika. Mayroon ding libreng angkop na mga karagdagang tulong at serbisyo upang magbigay ng impormasyon sa mga format na madaling ma-access. Tumawag sa 405-844-4978, ext. 304 (TTY: 711) o makipag-usap sa iyong provider.

Thai

โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี
นอกจากนี้ยังมีอุปกรณ์และบริการช่วยเหลือที่เหมาะสมเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่มีค่าใช้จ่าย โทร 405-844-4978, ext. 304 (TTY: 711) หรือพูดคุยกับผู้ให้บริการด้านสุขภาพของคุณ

Urdu

توجہ دیں :اگر آپ اردو بولتے ہیں تو آپ کے لیے زبان سے متعلق مدد کی خدمات مفت دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون آلات اور خدمات بھی مفت دستیاب ہیں۔ 4978-844-405 ,ext. 304 (TTY: 711) پر کال کریں یا اپنے طبی خدمات فراہم کنندہ سے بات کریں۔

Persian (Farsi)

توجه :اگر به زبان فارسی صحبت می‌کنید، خدمات کمک زبانی به‌صورت رایگان در اختیار شما قرار دارد .وسایل و خدمات کمکی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس نیز به‌صورت رایگان موجود است .با شماره 4978-844-405 ,ext. 304 (TTY: 711) تماس بگیرید یا با ارائه‌دهنده خدمات درمانی خود صحبت کنید.

Cherokee

JᏣWᎽ ᎣᎽᏀRT 「ᏣWᎽ」, ძᏯIᏚᏣJᏢᏯET ძᏚZᏀᏅ JᏣᏓᏭᏯVᏗ TᏀᏯᏗ ᎣᏂᏲRT. ᎤᎾᏯᏓᏅEᏗ DIhᎣᏀᏗ ძᏚZᏀᏅT hBᎾ ᏚVᎤᎾᏣᏯᏗ ᏗᏓᏅEᏗ ᏂᏀAᏗᏀT ძᏣᏓᏭᏯVᏗ ᎣᏂᏲRT. 405-844-4978, ext. 304 (TTY: 711) ᎾᏗᏣძᏫ.

Burmese

သင်သည်မန်မာဘာသာစကားကို.ေြပာပါ က အခမ ဲ ဘ့ ာသာစကားအကအ 6 ည ီ ဝန်ေဆာင်မ:များကို.သင်ရ=>ိ?ိ.င်ပါသည်။ သငေ ့် လျာ်ေသာ အရနအ ်ကအ 6 ညမ ီ ျာ:?c > ့် သတင်းအချက်အလက်ဝန်ေဆာင်မ:များကို. လက်လ>မ်းမီ?ိ.ငေ်သာ ေဖာ်မတပ ်ံစ . မံ ျာ:ြဖင ့်လည်း အခမ ဲ ရ= ိ > ?c ိ . ပ ်ါသည်။ ်သို့ ဖုန်းခေါ်ဆိုနိုင်ပါသည်။ 405-844-4978, ext. 304 (TTY: 711)

Hmong

Yog tias koj hais lus [Hmoob], muaj kev pab cuam txhais lus pub dawb rau koj. Muaj cov cuab yeej pab thiab kev pab cuam tsim nyog los muab cov txheej xwm ua hom uas koj nkag siab yooj yim pub dawb. hu rau 405-844-4978, ext. 304 (TTY: 711)

Laotian

ສູນພະຍາດຂໍ້ອັກເສບ ໂອກລາໂຮມາ (Oklahoma Arthritis Center) ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີ ແລະ ມີອຸປະກອນ ແລະ ການບໍລິການຊ່ວຍເຫຼືອພິເສດທີ່ເໝາະສົມຟຣີ ເພື່ອຊ່ວຍໃຫ້ທ່ານສາມາດສື່ສານກັບພວກເຮົາ ແລະ ເຂົ້າເຖິງຂໍ້ມູນຂອງພວກເຮົາໄດ້. ລວມເຖິງມີນາຍພາສາທີ່ມີຄຸນວຸດທິ, ຂໍ້ມູນທີ່ຂຽນເປັນພາສາອື່ນ, ແລະ ຂໍ້ມູນໃນຮູບແບບທີ່ເຂົ້າເຖິງໄດ້ງ່າຍ ລວມ: ຕົວໜັງສືຂະໜາດໃຫຍ່, ສຽງ, ແລະ ຮູບແບບເອເລັກໂຕຣນິກທີ່ເຂົ້າເຖິງໄດ້. ເພື່ອຂໍຮັບການບໍລິການເຫຼົ່ານີ້, ກະລຸນາໂທຫາ 405-844-4978, ຕໍ່ 304, (TTY: 711) ສົ່ງອີເມວຫາ compliance@okarthritis.com , ຫຼື ລົມກັບພະນັກງານຂອງພວກເຮົາ.