



6723 Towpath Road
E.Syracuse, NY 13057
315-425-1004
liberty-resources.org

LIBERTY RESOURCES NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION, HOW YOU CAN GET ACCESS TO THIS INFORMATION, AND HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.

YOU HAVE A RIGHT TO A PAPER OR ELECTRONIC COPY OF THIS NOTICE AND TO DISCUSS IT WITH THE LIBERTY RESOURCES CORPORATE COMPLIANCE OFFICER AT (315) 413-7601 OR corporatecompliance@liberty-resources.org IF YOU HAVE ANY QUESTIONS.

The Health Insurance Portability and Accountability Act (HIPAA) Privacy rule DOES NOT CHANGE the way you get services from Liberty Resources, or the privacy rights you have always had under federal and state laws. The Privacy rule adds some details about how you can exercise your rights.

This notice is effective as of February 16, 2026.

Our Privacy Commitment to You:

Liberty Resources provides many different services to you. We understand that information about you and your family is personal. We are committed to protecting your privacy and sharing information only with those who need to know and are allowed to see the information to assure quality services for you. Liberty Resources is required by law to maintain the privacy and security of your health information and to follow the legal duties and privacy practices with respect to your health information described in this notice and give you a copy of it. We will let you know promptly if a breach occurs that may have compromised your health information.

This notice tells you how Liberty Resources uses and discloses information about you. It describes your rights and what Liberty Resources' responsibilities are concerning information about you. When we use the word "you" in this Notice, we also mean your personal representative. Depending on your circumstances and in accordance with state law, this may mean your guardian, your health care proxy, or your involved parent, spouse, or involved adult family member.

If you have questions about any part of this notice or if you want more information about the privacy practices at Liberty Resources, please contact Liberty Resources' Corporate Compliance Officer.

Who will follow this Notice:

All people who work for Liberty Resources will follow this notice. This includes employees and all persons Liberty Resources contracts with who are authorized to enter information in your record or need to review your record to provide services to you or are involved in your care, including volunteers who Liberty Resources allows to assist you.

What information is protected:



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All information that we create or keep that relates to your health or care and treatment, including but not limited to your name, address, birth date, social security number, your medical information, your service or treatment plan, reproductive health and other information (including photographs or other images) about your care in our programs, is considered protected information. In this Notice, we refer to protected information as protected health information or "PHI". We create and collect information about you and we keep a record of the care and services you receive through this agency. The information about you is kept in a record; it may be in the form of paper documents in a chart or electronically on a computer. We refer to the information that we create, collect, and keep as a "record" in this Notice.

Your Health Information Rights*:

Although your record is the physical property of Liberty Resources, the information in it belongs to you and you have the right to have your information kept confidential. You have the following rights concerning your PHI we maintain about you:

- With certain exceptions, you have a right to see or inspect your PHI and obtain a copy of the information for as long as we maintain the information. NOTE: Liberty Resources requires you to make your request to inspect or receive a copy of your record *in writing* to the Corporate Compliance Officer. You may request copies in paper format or in an electronic form such as a CD, portable device, or memory stick. If your health information is maintained in an electronic medical record, you also have the right to request that an electronic copy of your record be sent to another individual or entity. In some instances, we may charge you a reasonable, cost-based fee for copies as permitted by law. If we deny your request to see your information, you have the right to request an appeal of that denial through the NYS Department of Health (DOH). Contact the Corporate Compliance Officer to obtain a special DOH form to request such an appeal.
- You have the right to ask Liberty Resources to correct or amend information that you believe is incorrect or incomplete for as long as the information is kept by us. We may deny your request in some cases, for example, if the record was not created by Liberty Resources or if after reviewing your request, we believe the record is accurate and complete, but we will tell you why in writing within 60 days of your request.
- You have the right to request a list (accounting) of the disclosures that Liberty Resources has made of your PHI. The list, however, does not include certain disclosures, such as those made for treatment, payment, and health care operations, or disclosures made to you or made to others with your permission. Liberty Resources typically does not disclose information to Intermediaries, which are entities other than a covered entity or business associate that receive your Part 2 information under a general designation (e.g., "my treating providers"). If you have consented to disclosures to an Intermediary, you have the right to request a list of disclosures made by such Intermediary for the 3 years prior to such request.
- You have the right to request a restriction or limitation on uses or disclosures of your health information we make related to treatment, payment, health care operations. You also have the right to request a limitation or restriction on disclosures of your health information about you made to family or friends involved in your care or the payment of your care. This right applies even if you have signed a consent for disclosure of substance use disorder (SUD) treatment information for such purposes. Generally Liberty Resources is not required to agree to your request and we may say "no" if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer and we will say "yes". Any restriction we agree to is not effective to prevent uses or disclosures required by law or permitted by Part 2 for



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purposes other than treatment, payment, and health care operations. If we do agree to a request, we may still provide information, as necessary, to give you emergency treatment. If SUD information is disclosed to a health care provider for emergency treatment, we will request that such health care provider not further use or disclose the information.

- You have the right to request that Liberty Resources communicates with you in a way that will help keep your information confidential. You may request alternate ways of communication with you or request that communications are forwarded to alternative locations. For example, you may ask that we contact you only on your home phone or only by mail. We will say “yes” to all reasonable requests,
- You have the right to a paper or electronic copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. A copy of this Notice shall be available throughout the agency, or you may obtain a copy from our website.
- You will be notified if there is a breach of unsecured PHI containing your information; we are required by federal law to provide notification to you. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your health information.
- You can request or authorize that your electronic PHI in your designated record set be transmitted to you or another person or organization through an Application Programming Interface or "API". APIs are computer coding mechanisms that permit two or more electronic computer applications or software programs to communicate with each other and share information. We are required by law to comply with requests regarding API transmissions, subject to certain exceptions. You understand that PHI transmitted through an API at your request will no longer be under our protection and control, will no longer be subject to the protections and rights outlined in this Notice, and may no longer be subject to the same laws, regulations, policies or procedures regarding its confidentiality, security, privacy, use, or disclosure. You understand and agree that you make any request to us to transmit your PHI through an API at your own risk and you assume all liability for the consequences of such action taken by us at your direction. We caution you to confirm any confidentiality, security or privacy protections with respect to your transmitted PHI with the recipient of the PHI prior to submitting a request to us to transmit your PHI through an API.
- To exercise any of the rights listed here, you may submit your request, **in writing**, to:

*Liberty Resources Corporate Compliance Officer
6723 Towpath Road, East Syracuse, NY 13057
corporatecompliance@liberty-resources.org*

***When the designated record set belongs to an outside agency/entity, the client must seek those records from that entity.**

How Liberty Resources Uses and Discloses Your Health Information:

Liberty Resources may use and disclose information without your permission for the purposes described below. For each of the categories of uses and disclosures, we explain what we mean and offer an example. Not every use or disclosure is described, but all of the ways we will use or disclose information will fall within these categories.

- **Treatment:** Liberty Resources will use and disclose your information to provide you with treatment and services. We may disclose information to doctors, nurses, psychologists, social workers, and other Liberty



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Resources personnel, volunteers, or interns who are involved in providing your care, as authorized by law. For example, Liberty Resources staff may discuss your information with other Liberty Resources personnel or outside providers, agencies or facilities to develop and carry out your treatment or service plan or to coordinate different types of care or services you need, such as medical tests, respite care, transportation, etc.

- **Payment:** Liberty Resources will use and disclose your information so that we can bill and collect payment from you, a third party, an insurance company, Medicare or Medicaid, or other government agencies for the treatment and services you receive from us. For example, we may need to provide your health care insurer with information about the services you received in our agency or through one of our programs so they will pay us for the services. In addition, we may disclose your information to receive prior approval for payment for services you may need.
- **Health Care Operations:** Liberty Resources will use and disclose your health information for our general business operations. These uses and disclosures allow us to operate Liberty Resources' programs and to make sure all individuals receive appropriate, quality care. For example, we may use information for quality improvement to review our treatment and services and to evaluate the performance of our staff in serving you. We may also use and disclose information to clinicians and other personnel for on-the-job training and education purposes.
- **Appointment Reminders:** We may use and disclose your health information to contact you and remind you about your appointments with us. We may leave this information on your mobile device, voice mail or in a message left with the person answering the phone; however, you may request that we provide such information only in a certain way or only at a certain place.
- **Sign in Sheets/Incidental Uses and Disclosures:** We may use and disclose health information about you by having you sign in when you arrive at our office. We may also call out your first name when we are ready to see you. We will make reasonable efforts to minimize these incidental disclosures.

Other Uses and Disclosures that Do Not Require your Permission:

In addition to treatment, payment, and health care operations, Liberty Resources may use your health information without your permission for the following reasons, to the extent such uses and disclosures comply with federal and state law:

- When we are **required to do so by federal or state law**. For example, state law requires us to report gunshot wounds and other injuries to the police and to report known or suspected child abuse or neglect to the Department of Social Services. We will comply with those state laws and with all other applicable laws.
- For **public health reasons**, as required or authorized by law. These purposes generally include prevention and control of disease, injury or disability; reporting births and deaths; , reporting reactions to medication or problems with products; and to notify people who may have been exposed to a disease or are at risk of spreading the disease.
- To report **domestic violence and adult abuse or neglect** to appropriate government authorities as authorized or required by law.
- For **health oversight activities**, including audits, investigations, surveys and inspections, and licensure, to governmental, licensing, auditing, and accrediting agencies as authorized or required by law. These

activities are necessary for government to monitor the health care system, government programs, and compliance with civil rights laws.

- For **judicial and administrative proceedings**, including hearings and disputes. We can share health information about you in response to a court or administrative order or in response to a subpoena, discovery request, warrant, summons or other lawful process as authorized or required by law.
- For **law enforcement purposes**, as authorized or required by law, in response to a court order or subpoena, about alleged criminal conduct at Liberty Resources, and to report certain crimes.
- Upon your death, to **coroners or medical examiners** in most circumstances for identification purposes or to determine cause of death, and to **funeral directors** to allow them to carry out their duties.
- To organ procurement organizations to respond to accomplish cadaver, eye, tissue, or **organ donations** in compliance with state law.
- For **research** purposes if the research organization has satisfied certain conditions protecting the privacy of the health information has approved the use of the clinical information for the research purposes.
- To **prevent or lessen a serious and imminent threat** to your health and safety or someone else's.
- To authorized federal officials for intelligence and other **national security** activities as authorized or required by law or to provide **protective services to the President** and other officials.
- To **correctional institutions** or **law enforcement officials** if you are an inmate or under the custody of law enforcement officials and the information is necessary to provide you with health care, protect your health and safety or that of others, or for the safety of the correctional institution.
- To **governmental agencies that administer public benefits** if necessary to coordinate the covered functions of the programs.
- For **care transition** purposes to coordinate and improve the services you receive. These communications help us manage your care and treatment. For example, we may disclose your health information to other providers or organizations (for example, a social worker) to see what services are available to help you manage your treatment at home.
- To the **New York State Cancer Registry** if you have a newly diagnosed cancer.
- To **business associates and/or qualified service organizations** we contract with to perform administrative or professional services on our behalf. We require any business associate to appropriately safeguard your information with the same diligence that we would. If receiving SUD information, the entity agrees to be bound by 42 CFR Part 2 and, if necessary, resist in judicial proceedings any efforts to obtain access to patient records except as permitted by law. For example, we may disclose your health information to a billing service in order to bill your insurance company, or to our attorneys.
- **De-identified Data:** We may use your PHI to create data that cannot be linked to you by removing certain elements from your PHI, such as your name, address, telephone number, and medical record number. We may use such de-identified information for certain business purposes, or disclose your PHI to a business associate for the purpose of creating de-identified information. For example, we may use de-identified information to create summary reports or to monitor trends in order to help us improve our delivery of services.
- **To Health Information Exchanges; Data Exchange Technologies:** Liberty Resources may access, share, store and/or transmit your health information, including sensitive information related to HIV, sexually transmitted diseases, mental health, drug and alcohol treatment, genetic testing, and reproductive health, electronically or otherwise through the "SHIN-NY", a statewide health information exchange network, and with other Health Information Exchanges ("HIEs") for treatment, payment and health care operations purposes. Liberty Resources also uses data exchange technologies (such as record locator services, direct messaging services, Application Programming Interfaces and provider portals) with its electronic health

record to exchange your medical records for permitted purposes. HIEs and data exchange technology providers function as our business associates, enabling the sharing of your health records for continuity of care and to improve the quality of services provided to you (i.e., avoiding unnecessary duplicate testing). These entities must implement administrative, technical, and physical safeguards that reasonably and appropriately protect the confidentiality, integrity, and security of your medical information. Applicable law may provide you with rights to restrict, opt-in, or opt-out of HIE(s). For more information please contact the Corporate Compliance Officer.

Uses and Disclosures that you have a Choice:

For certain health information, you can tell us your choices about what we share. Liberty Resources may disclose information to the following persons unless you agree or do not object:

- To **family members and personal representatives** who are involved in your care if the information is relevant to their involvement and to notify them of your condition and location.
- To **disaster relief organizations** that need to notify your family about your condition and location should a disaster occur.
- For **fundraising** purposes, we may disclose information to a charitable program that assists us in fundraising but you have the right to opt out of receiving communications regarding fundraising and any materials you receive will describe the opt-out process.

Specific Uses and Disclosures requiring Written Authorization:

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

- For **marketing** purposes.
- For uses and disclosures that constitute the **sale of PHI**.
- Most uses and disclosures of **psychotherapy** notes or SUD counseling notes if we maintain psychotherapy or SUD counseling notes.

We will follow the restrictions under state and federal law that provide additional restrictions on the use and disclosures of certain information, such as HIV/AIDS-related information, federally protected education records, substance abuse disorder (SUD) treatment information, mental health information, genetic information, and certain information related to minors. Additional information regarding your rights and restrictions concerning the use and disclosure of SUD treatment records is further described below.

Use and Disclosure of Substance Use Disorder (SUD) Treatment Records

In addition to the privacy protections afforded to all medical records under HIPAA, the confidentiality of SUD records is protected by federal law, 42 U.S.C. §290dd-2 and 42 C.F.R. Part 2 (referred to as "Part 2"). Liberty Resources operates a Part 2 covered program which information is maintained by Liberty Resources. Liberty Resources may also receive records containing SUD information, which records may be protected by Part 2. The information in this section is intended to provide patients of those programs with a summary of the laws and regulations governing SUD treatment records. We will obtain your written consent to use and disclose your Part 2 Records unless we are permitted to use and disclose Part 2 Records without your written consent, as described below. Liberty Resources will only make uses and disclosures of your Part 2 information not described in this Notice with your written consent.

- **Uses and Disclosures of Part 2 Information without Written Consent**
 - **Medical Emergencies:** We may disclose your information to medical personnel to the extent necessary to meet a bona fide medical emergency in which you are unable to provide prior written consent of the disclosure. We may also disclose your identifying information to medical personnel of the Food and Drug Administration (“FDA”) who assert a reason to believe that your health may be threatened by an error in the manufacture, labeling, or sale of a product under FDA jurisdiction, and that the information will be used for the exclusive purpose of notifying patients or their physicians of potential dangers.
 - **Research:** Under certain circumstances, we may disclose your information for scientific research, subject to certain safeguards.
 - **Audits and Evaluations:** We may disclose information to others for specific audits or evaluations, including those who provide financial assistance to Liberty Resources or those who conduct audits and evaluations necessary under federally funded health care programs and federal agencies with oversight of those programs.
 - **Public Health:** We may disclose records without your consent to public health authorities, provided that the records disclosed are de-identified according to the standards established by HIPAA.

- **Specific Uses and Disclosures of Part 2 Information Requiring Written Consent**
 - **Designated Persons or Entities:** We may use and disclose your information in accordance with your written consent to any person or entities you identify in the consent.
 - **Single Consent for Treatment, Payment and Health Care Operations:** You may provide a single consent for all future uses or disclosures of your SUD information for treatment, payment and health care operations purposes. If your SUD information is disclosed for such purposes to another Part 2 program, HIPAA covered entity, or business associate pursuant to your written consent, your health information may be re-disclosed by the recipient in accordance with the permissions contained in HIPAA, except for uses and disclosures for civil, criminal, administrative, or legislative proceedings against you. To the extent our operations include fundraising activities, you have the right to opt out of receiving any such communications.
 - **For Judicial Proceedings:** We may disclose information or records about you in response to a court order and subpoena (or other similar legal mandate) that complies with the requirements of Part 2, or based on your specific written consent. Records (or testimony based on such records) shall not be used in civil, criminal, administrative, or legislative proceedings without specific written consent or a court order, which court order must be accompanied by a subpoena or other legal mandate compelling disclosure. Where required by law, notice and an opportunity to be heard will be provided to you or Liberty Resources prior to such use and disclosure.
 - **For Criminal Justice Referrals.** We may disclose information to persons in the criminal justice system where participation in Liberty Resources’ Part 2 program is a condition of the disposition of the criminal proceedings against you. Your consent for these particular disclosures may only be revoked after the passage of time or event specified in the consent, for example, the date of final disposition of proceedings against you or any other action in connection with which your consent was given.
 - **Prescription Drug Monitoring Programs.** We may report any SUD medication prescribed or dispensed by Liberty Resources’ Part 2 program to New York’s prescription drug monitoring program after obtaining your consent to such disclosure.

Authorization Required For All Other Uses and Disclosures:



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- For all other types of uses and disclosures not described in this Notice, or the laws that apply to us, Liberty Resources will use or disclose information only with your written authorization.

You may revoke your authorization at any time by submitting a written request to us. If you revoke your authorization in writing, we will no longer use or disclose your information, however, we cannot take back disclosures we made before you revoked your authorization.

Changes to this Notice:

We reserve the right to change this Notice. We reserve the right to make changes to terms described in this Notice and to make the new notice terms effective to all current and future information that Liberty Resources maintains. If we make changes to the Notice, we will post the new notice with the effective date on our website at <https://www.liberty-resources.org> and in our facilities. The effective date can be found on the first page of the Notice. In addition, we will offer you a copy of the revised notice at your next scheduled service planning meeting. You may request a copy of the current Notice in effect at any time.

Complaints:

If you believe your privacy rights have been violated, you may file a complaint with:

Liberty Resources Corporate Compliance Officer
6723 Towpath Road, East Syracuse, NY 13057
315-413-7601
corporatecompliance@liberty-resources.org

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, using the following contact information:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201
Email: OCRComplaint@hhs.gov
Website: <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>

All complaints must be submitted in writing. Violation of Part 2 is subject to civil and criminal enforcement under federal law. You may report suspected violations of Part 2 in the same manner as HIPAA violations are reported as described above. **You will not be penalized or retaliated against for filing a complaint.**

ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-315-425-1004 or speak to your provider.

Spanish Español **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 1-315-425-1004 o hable con su proveedor.

Chinese 中文 注意: 如果您说[中文], 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。致电 1-315-425-1004 或咨询您的服务提供商。

Russian: РУССКИЙ ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-315-425-1004 или обратитесь к своему поставщику услуг

Yiddish

יידיש

נאטיץ: אויב איר רעדט יידיש, שפראך הילף סערוויסעס זענען בארעכטיגט פאר דיר פריי. צונעמען א ידס און באדינונגס־פאר־פראווידינג אינפארמאציע אין צוטריטלעך־פארמאטירונגען זענען אויך בנימצא פריי. רופן 1-315-425-1004 (אדער רעדן מיט דיין טרעגער

Bengali: বাংলা মনানাগদি: দি আপদ বাংলা বনল তাহনল আপার জয দবামুনলয ভাষা সহায়তা পদরনষবাদি উপলব্ধ রনয়নে। অ্যানেসন াগয ফরমযানে তথ্য প্রিন র জ য উপুক্ত সহায়ক সহন াদগতা এবাং পদরনষবাদিও দবামুনলয উপলব্ধ রনয়নে। 1-315-425-1004 ষনর কল করু অ্থা আপার প্রিা কারীর সানথ কথ্া বনু।

Korean: 한국어 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-315-425-1004 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Haitian Creole Kreyòl Ayisyen. ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksèsib yo disponib gratis tou. Rele nan 1-315-425-1004 oswa pale avèk founisè w la.

Italian. ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l' 1-315-425-1004 o parla con il tuo fornitore.

Arabic

العربية

كما تتوفر وسائل مساعدة إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. تنبيه: 1-315-425-1004 اتصل على الرقم وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا.

Polish. POLSKI. UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-315-425-1004 lub porozmawiaj ze swoim dostawcą.

French. ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-315-425-1004 ou parlez à votre fournisseur.

Urdu

اردو

توجہ دین: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں 1-315-425-1004 پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔”

Tagalog: PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libheng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-315-425-1004 o makipag-usap sa iyong provider.”

Hindi: हिंदी ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए नि:शुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी नि:शुल्क उपलब्ध हैं। 1-315-425-1004 पर कॉल करें या अपने प्रदाता से बात करें।

Vietnamese. Việt. LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số Người khuyết tật: 1-315-425-1004 hoặc trao đổi với người cung cấp dịch vụ của bạn.