MAYO CLINIC

Your Information. Your Rights. Our Responsibilities.

This notice describes how health information about you may be used and disclosed by Mayo Clinic and how you can get access to this information. **Please review this document carefully.**

Your Rights

The following is a brief summary of your rights. A more detailed description of each right is also included in this document.

You have a right to:

- Get a copy of your paper or electronic medical records
- Request corrections of medical records
- Request confidential communications
- Ask us to limit the information we share
- Get a list of those with whom we have shared your health information
- Get a copy of this privacy notice
- Choose someone to exercise these rights for you
- File a complaint if you believe your privacy rights have been violated

Each of these rights is explained more fully below.

Your Choices

You can choose to opt out of sharing your information:

- In the hospital directory
- Through health information exchanges
- To receive communications about our products and services, fundraising opportunities, or research studies that may be of interest to you

Our Uses and Disclosures

Mayo Clinic may use and share your information as we:

- Treat you and coordinate your care
- Run our organization
- Bill for your services
- Share with our Business Associates
- Share with Health Information Exchanges (HIEs)
- Conduct research
- De-identify data and create limited data sets
- Comply with the law
- Help with public health and safety issues
- Report suspected abuse, neglect, or domestic violence
- Prevent a serious threat to anyone's health or safety
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to emergencies and disasters
- Respond to lawsuits and legal actions

Statement on United States (U.S.) Federal and State Law

If you receive services in the United States, Mayo Clinic will use, process, and disclose your health information in accordance with applicable U.S. federal and state laws.

When federal and state privacy laws are different or conflict, we will follow the applicable state law when it is more protective of your information or provides you with greater access to your information.

When state law requires patient consent to use or share health information with others, we will obtain your consent. We generally rely upon a signed Authorizations and Service Terms to use and share health information for treatment, payment, and our healthcare operations, as outlined below. If you revoke your consent, we may be unable to provide you with services that require sharing and using your data.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of Mayo Clinic's responsibilities to help you.

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. If you would like, we can also send this information in either paper or electronic form to another person you identify in your request. For more information about requesting your medical records, ask us or go online to the Patient and Visitor Guide for the location where you receive your care, then explore the release of information options at mayoclinic.org/patient-visitor-guide.
- We will provide a copy or a summary of your health information, usually within 30 days of your request.
- In most cases, we will provide your records for free. At times, we may charge a reasonable, cost-based fee. We will tell you in advance if we need to charge a fee.

Ask Mayo Clinic to correct your medical 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 Mayo Clinic to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or Mayo Clinic's operations. We are not required to agree to your request, and we may say "no" if it would be harmful or compromise your care.
- If you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share that information with your health insurer for payment or operations purposes. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we have shared information

- You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make).
- We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another within 12 months.

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. Mayo Clinic will provide you with a paper copy promptly.

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.

File a complaint if you feel your rights are violated

- If you feel we have violated your rights, you may file a complaint by contacting us at:

  1557 Coordinator
  Office of Patient Experience
  200 First Street SW
  Rochester, Minnesota 55905
  1-844-544-0036
  opx@mayo.edu

- You may also file a complaint with:

  U.S. Department of Health and Human Services
  Office for Civil Rights
  200 Independence Avenue SW
  Washington, DC 20201
  1-800-368-1019
  hhs.gov/hipaa/filing-a-complaint/index.html

We will not retaliate against you for filing a complaint.

CALLING, TEXTING, AND EMAILING

We may contact you about your healthcare using the phone numbers and email addresses that you provide. This may include using an automated phone dialing system, pre-recorded or synthetic voice messages, texting, or email. When we contact you in this manner, you will be given the opportunity to opt out of receiving similar communications going forward.

Our messages may include, but are not limited to, information about appointment reminders, discharge planning, billing, prescription reminders, research opportunities, our products and services, treatment alternatives, your general health, and regulatory notices provided in lieu of first-class mail. There is a risk that someone else could read or access these messages because any texts and emails would not be encrypted. We therefore take steps to limit the amount of protected health information that they contain. Note that data and messaging rates may apply to text communications.

You will be given an opportunity to opt out of emailing and texting. If you do not wish to receive these types of text or email messages, please let us know. We will honor your request.

Other methods of communication

If you use a third-party application to communicate with us, we will respond in the way you reach out to us. Please note that these methods may not be secure or encrypted. You may also ask to communicate with us in a more secure manner at any time.

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.

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

- Opt you out of certain uses of your information, including communications about fundraising, the products and services Mayo Clinic offers and research opportunities. When we contact you in this way, we will provide you with instructions on how to opt out.
- Opt you out of sharing your information electronically with other healthcare organizations through our Health Information Exchange (HIE).
- Opt you out of including your information in a hospital directory.
- Communicate with you in a specific way, such as by text, phone, mail or email or at a particular phone number, address or email.
- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

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 for marketing purposes without your written permission.
- Share your Psychotherapy notes or Substance Use Disorder counseling notes without your written permission or as required by law.
- Sell or rent patient names or addresses to any organization outside of Mayo Clinic.

We may contact you to provide information about our health-related products or services that may be of interest to you, treatment alternatives and your general health. We may also contact you as part of our fundraising efforts. If you do not wish to be contacted for these reasons, please let us know. You may email privacyoffice@mayo.edu or call 507-266-6286 or 844-681-7087 (toll free) to opt out of these communications.

OUR USES AND DISCLOSURES

How does Mayo Clinic typically use or share your health information?

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

- To treat you and coordinate your care

  We can use your health information and share it with other professionals who are treating you and to help coordinate your care. This may involve talking to doctors and others not employed by us, such as pharmacies, labs and home care providers.

  Example: A doctor treating you for an injury asks another doctor about your overall health condition.

- To run our organization

  We can use and share your health information to run our practice, improve your care, and contact you when necessary. All of our locations work closely together to improve healthcare operations across the Mayo Clinic health system, and we may use health information for those activities, such as to review the care you received, engage in quality improvement activities, evaluate the performance of our staff, educate and train them, respond to regulatory reviews, and identify new services to offer or others to discontinue. We may also share health information with another healthcare provider who has treated you or with your insurance company for their healthcare operations

  Example: We use health information about you to manage your treatment and services.

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

- To share with our Business Associates

  We may contract with other organizations to provide services on our behalf. In those situations, we will enter into an agreement with the organization that sets forth the requirements for protecting, using and disclosing any health information about you.

- To share with Health Information Exchanges (HIEs)

  We participate in certain HIEs, where we may electronically disclose your health information to other health care providers or entities for treatment or payment purposes, as permitted by law. If you do not want your health information shared in this way, please let us know.

How else can Mayo Clinic 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, you can go to this online link: hhs.gov/hipaa/for-individuals/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
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety

- Conduct research

  We can use or share your information for health research. At Mayo Clinic, patient research goes through a special process required by law to ensure appropriate protections are in place, including for privacy. We will only use or share your health information for research with your approval or as allowed by law after determining your privacy is protected.

  Private-pay patients may be able to opt out of the use or disclosure of your information for research purposes.

- De-identify data and create limited data sets

  We may "de-identify" health information pursuant to HIPAA, so that it is no longer reasonably identifiable, and share it with others for purposes consistent with our mission, including for research, to develop and improve AI tools and models, and to improve care for the communities we serve.

  We may also use health information to create a "limited data set" by removing certain identifying information. We may use or share a limited data set only for research, public health or healthcare operations purposes, and those who receive a limited data set from us must sign an agreement to protect your health information.

- 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 requests to see that we are complying with federal privacy law.

- Patient information directories

  When you are a patient on one of our campuses, we may share with people who ask about you by name:

  - Your location in our facility (room number).
  - Your general health condition (good, fair, etc.).
  - Your religious affiliation (given only to clergy).

  If you do not want us to share this information, please let us know when you visit our facility. In some cases, such as medical emergencies, we may not know your wishes until you communicate them with us.

- Share with your family and friends

  We may share limited health information about you with people involved in your care, such as a family member, friend or emergency contact. You may also tell us if you would like us to share your health information with others.

- Respond to organ and tissue donation requests

  Mayo Clinic can share health information about you with organ procurement organizations.

- 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.

- 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 valid subpoena.

- Address workers' compensation, law enforcement, and other government requests

  Mayo Clinic 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
  - For special government functions such as military, national security, and presidential protective services

MAYO CLINIC'S 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 give 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.

For more information see:
hhs.gov/hipaa/for-individuals/index.html

CHANGES TO THE TERMS OF THIS NOTICE

Mayo Clinic 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 our office, and on our website at mayoclinic.org/npp.

Who is Covered by this Notice

This notice applies to the following Mayo Clinic entities (collectively referred to as "Mayo Clinic"):

- Arizona:
  Mayo Clinic Arizona
- Florida:
  Mayo Clinic Florida (a nonprofit corporation)
  Mayo Clinic Jacksonville (a nonprofit corporation)
- Minnesota:
  Charterhouse, Inc.
  John E. Herman Home and Treatment Facility, LLC
  Mayo Clinic
  Mayo Clinic Ambulance
  Mayo Clinic Community ACO LLC
  Mayo Clinic Health System — Decorah Clinic Physicians
  Mayo Clinic Health System — Fairmont
  Mayo Clinic Health System — Lake City
  Mayo Clinic Health System — Southeast Minnesota Region
  Mayo Clinic Health System — Southwest Minnesota Region
  Mayo Clinic Health System — St. James
  Mayo Clinic Hospital — Rochester
  Mayo Foundation for Medical Education and Research
- Wisconsin:
  Mayo Clinic Health System — Northwest Wisconsin Region, Inc.
  Mayo Clinic Health System — Southwest Wisconsin Region, Inc.
- Texas:
  Mayo Clinic Support Services, Texas

This notice also covers other healthcare providers that come to Mayo Clinic's facilities to care for patients (such as physicians, physician assistants, therapists, and other healthcare providers not employed by Mayo Clinic), unless these other healthcare providers give you their own notice of privacy practices that describes how they will protect your health information.

ORGANIZED HEALTH CARE ARRANGEMENT (OHCA) AT MAYO CLINIC

Mayo Clinic participates in an Organized Health Care Arrangement (OHCA) under the Health Insurance Portability and Accountability Act (HIPAA). An OHCA is an arrangement that allows Mayo Clinic entities to share health information about our patients and/or plan members to promote the joint operations of the participating entities. The entities covered by this notice, which are listed above, have formed an OHCA and share health information with each other for the treatment, payment, and healthcare operations of the OHCA.

The above Mayo Clinic entities also have a separate OHCA and share health information with the Mayo Medical Plan, a HIPAA Covered Entity that provides medical benefits to Mayo Clinic employees, retirees and their families.

The Mayo Medical Plan is covered by its own separate Notice of Privacy Practices, which can be found here:

Mayo Medical Plan:
mcforms.mayo.edu/mc0900-mc0999/mc0937-59.pdf

FURTHER PROTECTIONS FOR SUBSTANCE USE DISORDER RECORDS

If you receive care for a substance use disorder from a Mayo Clinic Addiction Services (42 CFR Part 2) program or provider, these records are subject to additional protections:

- We will obtain your consent to use and disclose your Substance Use Disorder Records for treatment, payment and healthcare operations when you are admitted to one of our Addiction Services programs. If you do not sign this consent, we may not be able to treat you.
- We will not disclose these records without your consent except in limited circumstances, such as a medical emergency, limited scientific research, internal operational reviews, or based on a court order.
- We will not use or disclose these records in court or other proceedings (civil, criminal, administrative or legislative) without your consent or a court order.

Violation of the federal law and regulations governing Substance Use Disorder Records by a 42 CFR Part 2 program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations:

The U.S. Attorney where the Program is located:

- Arizona:
  District of Arizona
  Two Renaissance Square
  40 N Central Avenue
  Suite 1800, Phoenix, AZ 85004-4449
  Phone 602-514-7500
- Florida:
  Middle District of Florida
  300 N Hogan Street, Suite 700
  Jacksonville, FL 32202
  Phone 904-301-6300
- Iowa:
  Northern District of Iowa
  111 7th Avenue SE, Box #1
  Cedar Rapids, IA 52401
  Phone 319-363-6333

- Minnesota:
  District of Minnesota
  316 N Robert Street, Suite 404
  St. Paul, MN 55101
  Phone 651-848-1950
- Wisconsin:
  Western District of Wisconsin
  222 West Washington Avenue, Suite 700
  Madison, WI 53703
  Phone 608-264-5158

For opioid treatment programs (previously known as methadone programs), you also can contact:

SAMHSA Center for Substance Abuse Treatment
5600 Fishers Lane
Rockville, MD 20857
Phone 877-SAMHSA-7 (877-726-4727)

Federal law and regulations do not protect any information about a crime committed by a patient either at the Program or against any person who works for the Program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities. (See 42 U.S.C. 290dd-2 and 42 U.S.C. 290ee-3 for federal laws and 42 CFR Part 2 for federal regulations.)

Use of Artificial Intelligence (AI)

We may use your health information or de-identified information about you in AI tools and models to facilitate your treatment and care, run and improve our operations, conduct research, and for other reasons allowed by law and set forth in this Notice. This may include sharing de-identified information, or where appropriate health information, with our partners and Business Associates who are assisting us with the deployment and development of AI tools and models and related technology. If we use your health information in an AI tool or model, we will do so responsibly, and we will ensure that appropriate safeguards are in place to protect the privacy, security and integrity of your information. We will seek your additional consent when required by law.

Use of Closed Circuit Television (CCTV), Audio/Video Monitoring, Recording and Surveillance

CCTV and other audio/video monitoring and surveillance, including body worn cameras with audio and visual recording capabilities, are in operation throughout our facilities for the purpose of ensuring the safety of our patients, the public and our staff. CCTV and other audio/video monitoring and surveillance may also be used for patient safety and to improve the quality of care and our services. We will notify you with appropriate signage, or we will obtain your consent when required under applicable law when using CCTV or other audio/video monitoring, surveillance or recording in a non-public area.

OTHER PARTICULARLY SENSITIVE CONDITIONS

Certain other types of health information may have additional protection under state law. For example, health information about mental health, HIV/AIDS and genetic testing results may be treated differently than other types of health information under certain state laws. To the extent applicable, Mayo Clinic would need to get your written permission before disclosing these categories of information to others in many circumstances.

INTERNATIONAL PATIENTS

Applicability

If you are a patient visiting us from outside of the United States, personal data collected from you outside of the United States will be subject to applicable data protection laws. We will honor your rights under applicable law. Any health information collected or generated while receiving services at a Mayo Clinic facility in the US will be subject to the federal and state laws of the United States as detailed within this Notice of Privacy Practices.

Types of Personal Data That We Collect

When you become a Mayo Clinic patient, we will collect and process personal data about you as described in this notice. Some of the categories of information that we collect are special categories of personal data, such as:

- Name, contact information, and other demographic information;
- Your gender at birth, gender identity, sexual orientation, sexual activity, age, year of birth, body weight and height;
- Religious, philosophical and political beliefs to the extent such beliefs are relevant to the services provided to you;
- Biometric and genetic information;
- Your race and ethnicity;
- Your health and medical records, information, and data, including your health status, medical history, medications, and referrals; and
- Billing and financial information.

Mayo Clinic will use, process, and disclose your personal data as described in this notice.

Purposes of processing and legal basis for processing:

We process personal data consistent with our disclosures in this Notice on the following legal bases: (1) as necessary to perform our agreement to provide services which include, but are not limited to, providing you with medical care; (2) with

your consent; (3) as necessary to promote and protect public health, public interests, and the vital interests of you or others, (4) to perform scientific research; (5) as required under the laws of the jurisdictions where we operate and to comply with our legal obligations; and (6) as necessary for our legitimate interests in providing our services where those interests do not override your fundamental rights and freedoms related to data privacy. Note that when we rely upon consent, we will provide you with an opportunity to opt-in or opt-out either verbally or in writing. You can inform us of any changes in your preferences by contacting us at privacyoffice@mayo.edu.

Transfers

We will transfer personal data to the United States and may transfer or receive personal data to or from countries outside the United States; for example, when we receive a referral or exchange medical records with a European or other non-US health provider. We apply appropriate safeguards to international transfers.

Individual Rights

To exercise your rights under applicable international data protection law, please contact Mayo Clinic's Privacy and Data Protection Officer at privacyoffice@mayo.edu.

In addition to the rights in the "Your Rights" section above, you may ask us to erase your personal data if it is no longer necessary for the purpose for which we collected it, you withdraw consent and no other legal basis for processing exists, or you believe your fundamental rights to data privacy and protection outweigh our legitimate interest in continuing the processing. You may also restrict or object to our processing of your personal data if we are processing it based on legitimate interests or the performance of a task in the public interest as an exercise of official authority (including profiling), or using your data for direct marketing (including profiling). Note that in some instances we are legally required to retain records pursuant to the record retention laws of the jurisdictions where we operate.

- **Complaints or Concerns:** You are welcome to raise any complaints or concerns to Mayo Clinic by contacting Mayo Clinic's Privacy and Data Protection Officer at privacyoffice@mayo.edu. You also have the right to lodge a complaint with a supervisory authority.

CONTACT INFORMATION

If you want to ask a question, file a complaint, express concerns, or further inquire about Mayo Clinic's use or disclosure of health information, please contact the Mayo Clinic Privacy and Data Protection Officer by calling 507-266-6286 or 844-681-7087 (toll free) or sending an email to privacyoffice@mayo.edu.

To request your medical records, please call 507-284-4594 or visit us online at: mayoclinic.org/patient-visitor-guide/medical-records.

To request an amendment, please call 507-538-7700 (select option 1) or visit us at the webpage above.

To request confidential communications, please call 1-844-217-9591 to express your preferred telephone number or address.

To request a restriction on how we use or disclose your information, place call 507-284-4594.

EFFECTIVE DATE

The Effective Date of this Notice is January 1, 2018. Entities in the Organized Health Care Arrangement (OHCA) were updated most recently on July 7, 2020. Important information regarding EEA, United Kingdom, and Switzerland residents was added on July 7, 2020. Information about U.S. law, care coordination and calling, texting and emailing was added on August 17, 2022. Information was added about health-related products/services, treatment alternatives, and general health communications on August 29, 2023.

The Discrimination is Against the Law section was updated on January 8, 2025.

We updated sections on Your Choices; Your Rights; Our Uses and Disclosures; Calling, Texting and Emailing; Substance Use Disorder Records; International Law; Who Is Covered by This Notice; and Contact Information; and we added information about AI models, CCTV and Audio/Video Monitoring and Surveillance on February 9, 2026. We added a toll free number for contacting the Privacy Office on August 25, 2026.

DISCRIMINATION IS AGAINST THE LAW

Mayo Clinic complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, creed, religion, gender, marital status, sex stereotypes, sex characteristics, sexual orientation, gender identity or expression, veteran status, status with regard to public assistance, national origin, disability, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities.

Mayo Clinic:

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

If you need these services, please contact the Office of Patient Experience or visit mayoclinic.org. If you believe that Mayo Clinic has failed to provide these services or discriminated in another way on the basis of race, color, creed, religion, gender, marital status, sex stereotypes, sex characteristics, sexual orientation, gender identity or expression, veteran status, status with regard to public assistance, national origin, disability, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, you can file a grievance with:

1557 Coordinator
Office of Patient Experience
200 First Street SW
Rochester, Minnesota 55905
1-844-544-0036

You can file a grievance in person or by mail. If you need help filing a grievance, the Mayo Clinic Office of Patient Experience is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

- File electronically through the Complaint Portal at ocrportal.hhs.gov/ocr
- File by mail:
  U.S. Department of Health and Human Services
  200 Independence Avenue SW, Room 509F
  HHH Building
  Washington, DC 20201
- File by phone:
  1-800-368-1019

Complaint files are available at hhs.gov/ocr/complaints.

ATTENTION: Free language assistance services are available to you. Call 1-844-544-0036.

ATENCIÓN: tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-544-0036

FIIRO GAAR AH: Waxaa kuu diyaar ah adeegyada caawimaada luuqadda oo bilaash ah. Wac 1-844-544-0036.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-544-0036

谨此提醒，您可以享受免费的语言协助服务。请致电1-844-544-0036。

주의: 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-544-0036번으로 전화해 주십시오.

ATTENTION : Des services d'aide linguistique gratuits sont à votre disposition. Appelez le 1-844-544-0036.

NCO NTSOOV: Peb yeej muaj cov kev pab txhais lus dawb rau koj. Hu rau 1-844-544-0036.

ຂ້ອນໃສໃຈ: ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີແມ່ນມີໃຫ້ແກ່ທ່ານ. ໂທ 1-844-544-0036.

تنبيه: تتوفر لك خدمات المساعدة اللغوية مجانًا.
اتصل بالرقم 1-844-544-0036

ВНИМАНИЕ! Вы можете бесплатно воспользоваться услугами переводчика. Звоните по номеру 1-844-544-0036

PAŽNJA: dostupne su vam usluge besplatne jezične pomoći. Pozovite 1-844-544-0036.

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NEENÏ DØC: Da køny mar dhøk mo nut kiperï. Göönyï ki yi 1-844-544-0036.

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