



ENGLISH - ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1(415) 547-7800 (TTY: 1(415) 547-7830).

ARABIC -

تظوظلم: اذا تنك ثدحتت ركذا غللا، نإف تامدخ ددعاسملا ةيوغلا رفاوتت كل ناجملا ب.  
لصتاقرب 1 على اضغظ، 1(415) 547-7800 مقر قتاها مصلا مكبلاو: 1(415) 547-7830.

ARMENIAN - ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ջանգահարեք 1(415) 547-7800, Սեղմեք 1(TTY (հեռատիպ)՝ 1(415) 547-7830 )

CHINESE - 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。  
請致電 1(415) 547-7800, 按 2 (TTY: 1(415) 547-7830) 。

HINDI - ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।  
1(415) 547-7800, दबाएँ 1 (TTY: 1(415) 547-7830) पर कॉल करें।

HMONG - LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj.  
Hu rau 1(415) 547-7800, Nias 1 (TTY: 1(415) 547-7830).

JAPANESE - 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。  
1(415) 547-7800, を押してください 1 (TTY:1(415) 547-7830) まで、お電話にてご連絡ください。

KOREAN - 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.  
1(415) 547-7800, 다음 번호를 누르십시오 1 (TTY:1(415) 547-7830) 번으로 전화해 주십시오.

CAMBODIAN - ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា  
ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1(415) 547-7800, ចុច 1  
(TTY:1(415) 547-7830)។

FARSI -

هجوئ: رگا هب ناینز فسرای گوگف می نکید، تهسی تلا زنابی بتروص را ایناگ باری شام مهارف می دشاب.  
ب 1 دیده رشادفی ده فشار، 1(415) 547-7800 (YTT) 1(415) 547-7830: تسام گبیرؤد.

PUNJABI - ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।  
1(415) 547-7800, ਦਬਾਓ 1 (TTY:1(415) 547-7830) 'ਤੇ ਕਾਲ ਕਰੋ।

RUSSIAN - ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.  
Звоните 1(415) 547-7800, Нажмите 4, затем нажмите 2 (телетайп: 1(415) 547-7830).

SPANISH - ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.  
Llame al 1(415) 547-7800, Prensa 3 (TTY: 1(415) 547-7830).

TAGALOG - PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng  
tulong sa wika nang walang bayad. Tumawag sa 1(415) 547-7800, Pindutin 1 (TTY: 1(415) 547-7830).

THAI - เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1(415) 547-7800, กด 1 (TTY: 1(415) 547-7830).

VIETNAMESE - CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.  
Gọi số 1(415) 547-7800, Nhấn số 4, sau đó nhấn số 3 (TTY: 1(415) 547-7830).

## NONDISCRIMINATION NOTICE

Discrimination is against the law. San Francisco Health Plan (SFHP) follows Federal civil rights laws. SFHP does not discriminate, exclude people, or treat them differently because of race, color, national origin, age, disability, or sex.

SFHP provides:

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

If you need these services, contact SFHP Customer Service between 8:30am – 5:30pm, Monday through Friday, by calling **1(415) 547-7800** or **1(800) 288-5555** (toll-free). Or, if you cannot hear or speak well, please call TTY/TDD **1(415) 547-7800** or **1(888) 883-7347** (toll-free).

## HOW TO FILE A GRIEVANCE

If you believe that SFHP 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 SFHP.

- By phone: Contact SFHP between 8:30am – 5:30pm, Monday through Friday, by calling **1(415) 547-7800** or **1(800) 288-5555** (toll-free). Or, if you cannot hear or speak well, please call TTY/TDD **1(415) 547-7830** or **1(888) 883-7347** (toll-free).
- In writing: Fill out a complaint form or write a letter and send it to:  
San Francisco Health Plan  
P.O. Box 194247  
San Francisco, CA 94119
- In person: Visit your doctor's office or SFHP's Service Center and say you want to file a grievance. SFHP's Service Center is located at 7 Spring Street, San Francisco, CA 94104.
- Electronically: Visit SFHP's website at **sfhp.org**.

## OFFICE OF CIVIL RIGHTS

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1(800) 368-1019**. If you cannot speak or hear well, please call TTY/TDD **1(800) 537-7697**.
- In writing: Fill out a complaint form or send a letter to:  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201  
Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**.
- Electronically: Visit the Office for Civil Rights Complaint Portal at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**.