

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)**.

العربية (ARABIC) - ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1(415) 547-7800 (رقم هاتف الصم والبكم: 1(415) 547-7830)**.

Հայերեն (ARMENIAN) - ՈՒՇԱԴՐՈՒԹՅՈՒՆՆԵՐ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք **1(415) 547-7800 (TTY (հեռատիպ) 1(415) 547-7830):**

繁體中文 (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 (TTY : 1(415) 547-7830)** 。

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

HMOOB (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 (TTY: 1(415) 547-7830)**.

日本語 (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 (TTY: 1(415) 547-7830)** まで、お電話にてご連絡ください。

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

ខ្មែរ (CAMBODIAN) - ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានឈររាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ **1(415) 547-7800 (TTY)1(415) 547-7830**។

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1(415) 547-7800 (TTY: 1(415) 547-7830)** تماس بگیرید.

ພາສາລາວ (LAO) - ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ **1(415) 547-7800 (TTY: 1(415) 547-7830)**.

ਪੰਜਾਬੀ (PUNJABI) - ਧਿਆਨ ਦਿਓ: ਜ ਤਸੀਂ ਪੰਜਾਬੀ ਬਲਦ ਹ, ਤਾਂ ਤਾਸਾ ਵਿਚ ਸਹਾਇਤਾ ਸਵਾ ਤਹਾਡ ਲਈ ਮਫਤ ਉਪਲਬਧ ਹ। **1(415) 547-7800 (TTY: 1(415) 547-7830)** 'ਤ ਕਾਲ ਕਰ।

РУССКИЙ (RUSSIAN) - ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1(415) 547-7800** (телетайп: **1(415) 547-7830)**.

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

TAGALOG (TAGALOG-FILIPINO) - 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 (TTY: 1(415) 547-7830)**.

ภาษาไทย (THAI) - ระวัง: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1(415) 547-7800 (TTY: 1(415) 547-7830)**.

TIẾNG VIỆT (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 (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 TDD/TTY **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, or sex, you can file a grievance with SFHP. You can file a grievance by phone, in writing, in person, or electronically:

- 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 TDD/TTY **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 TDD/TTY **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>**.

If you are hearing impaired, please call the TDD/TTY line at **1(415) 547-7830**, toll-free at **1(888) 883-7347** or through the California Relay Service at **711**. You may request this document in alternative formats like Braille, large size print, and audio. To request other formats, or for help with reading this document and other SFHP materials, please call Customer Service at **1(415) 547-7800** or toll-free at **1(800) 288-5555**.