NOTICE OF
PRIVACY PRACTICES

This Notice took effect on April 14, 2003. Revised July 2026.

THIS NOTICE DESCRIBES:
HOW MEDICAL OR HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION.
HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION.
YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH YOUR PROVIDER IF YOU HAVE ANY QUESTIONS.

Please review it carefully.

Dear Orange County Client:

Your medical and behavioral health treatment information and records are personal and private. The County of Orange is committed to protecting your health information. The medical and behavioral health information we create and maintain is known as Protected Health Information, or PHI. We are required by Federal and State laws to protect the privacy of your medical and behavioral health information and obtain a signed authorization by you for certain disclosures.

We are required by law to provide you with this Notice of our legal duties and privacy practices with respect to your medical and behavioral health information. This Notice explains how we may legally use and disclose your protected health information and your rights regarding the privacy of your protected health information. We are required to follow all the terms of this notice. We reserve the right to change the provisions of this Notice and make it effective for all protected health information we maintain.

If you have any questions and/or would like additional information, you may contact the Orange County Health Care Agency Office of Compliance at (714) 568-5614 and/or the County Privacy Officer at (714) 834-4082.

Thank you for placing your care, and your trust, in the County of Orange.

How We May Use and Disclose Your Protected Health Information

Your confidentiality is important to us. Our physicians, clinicians and employees are required to maintain confidentiality of our clients/patients PHI, and we have policies and procedures and other safeguards to help protect your PHI from improper use and disclosure. We briefly describe these uses and disclosures of your protected health information below and provide you with some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose your protected health information will fall within one of the categories. We will separately describe the ways we use and disclose HIV/AIDS and substance and/or alcohol abuse information later in this Notice.

1. **Treatment**
   We may use and disclose your protected health information to provide treatment, case management, care coordination or to direct or recommend health care and any related services such as government services or housing. We may also disclose your health information to others in the County, such as community resources and providers who may be treating you or involved in your care.

2. **Payment**
   We may use or disclose your protected health information to determine the County's responsibility to pay for, or to permit us to bill and collect payment for the treatment and health-related services that we provide to you. For example, we may include information with a bill to Medi-Cal or Medicare that identifies you, your diagnosis, and services provided in order to receive payment.

3. **Health Care Operations**
   We may use and disclose your protected health information to support the business activities of the County of Orange. For example, we may use your protected health information to review

and evaluate our treatment and services or to improve the care and services we offer. In addition, we may disclose your health information to other staff or business associates who perform billing, consulting, behavioral health and health services, auditing, licensing, accreditation, investigatory, and other services for the County of Orange.

4. **Required by Law**
   We may use and disclose your protected health information when required by Federal, State, or local law. For example, the secretary of the Department of Health and Human Services (DHHS) may review our compliance efforts which may include seeing your PHI.

5. **Business Associates**
   Some services are provided through the use of contracted entities called "business associates." We may contract with business associates to perform certain functions or activities on our behalf such as payment, health care operations and/or treatment services. These business associates must agree to safeguard your PHI. We release the minimum amount of PHI necessary so that the business associate can perform the identified services. We require business associates to appropriately safeguard your information. Examples of business associates include subcontractors that create, receive, maintain or transmit PHI for or on behalf of the County, billing companies, E-Prescribing Gateways, Health Information Exchanges, behavioral health service providers and Electronic and Personal Health Record Vendors.

6. **Health Oversight Activities**
   We may disclose your protected health information to Federal or State agencies that may conduct audits, investigations, oversight activities, and inspect government health benefit programs.

7. **Public Health Activities**
   We may use and disclose your protected health information to public health authorities or government agencies for reporting certain diseases, injuries, conditions, illnesses, and events as required by law. For example, we may disclose your medical information to a local government agency in order to assist the agency during the investigation of an outbreak of disease in the area or to comply with state laws that govern workplace safety.

8. **Victims of Abuse, Neglect, or Domestic Violence**
   We may disclose your protected health information to other government agencies to report suspected abuse, neglect, or domestic violence. We will only disclose this information if you agree, if the law requires us to, or when it is necessary to protect someone from serious harm.

9. **Lawsuits and Legal Actions**
   We may use and disclose your protected health information in response to a court or administrative order, certain subpoenas, or other legal process. We may also use and disclose PHI to the extent permitted by law without your authorization such as defending against a lawsuit or arbitration.

10. **Law Enforcement**
    We may disclose your protected health information to help locate or identify a missing person, suspect, or fugitive, when there is suspicion that death has occurred as a result of criminal conduct, to report a crime that happens at our clinics or offices, or to report certain types of wounds, injuries, or deaths that may be the result of a crime to authorized officials such as the

police, sheriff, or FBI for law enforcement purposes and in response to legal processes, such as a search warrant or court order.

11. Coroners, Medical Examiners, and Funeral Directors

We may disclose your protected health information to funeral directors, coroners, and medical examiners to permit identification of a body, determine what caused the death, or for other official duties.

12. Organ and Tissue Donation

We may use or disclose your protected health information to organizations that take care of organ, eye, or tissue donations and transplants.

13. Research

We may use and disclose your protected health information for research if approved by an Institutional Review Board (IRB). An IRB is a committee responsible, under federal law, for reviewing and approving human subjects' research to protect the safety of the participants and confidentiality of PHI.

14. To Stop a Serious Threat to Health or Safety

We may use or disclose your protected health information if we believe it is necessary to avoid or lessen a serious threat to your health or safety or to someone else's.

15. Inmates

Inmates are not required to receive a notice of privacy practices. If you are an inmate of a correctional institution or in custody of a law enforcement official, we may disclose your protected health information to the correctional institution or the law enforcement official for certain purposes such as to protect your health and safety or someone else's.

16. Military Activity and National Security

We may use or disclose the PHI of armed forces personnel to the applicable military authorities when they believe it is necessary to properly carry out military missions. We may also disclose your PHI to authorized federal officials as necessary for national security and intelligence activities or for the protection of the president and other government officials and dignitaries.

17. Government Programs for Public Benefits

We may use or disclose your protected health information to help you qualify for government benefit programs such as Medicare, Medi-Cal, Supplemental Security Income, or other benefits or services available. We may also contact you to tell you about possible treatment options or health-related benefits or services.

18. Workers' Compensation

We may use and disclose your protected health information in order to comply with workers' compensation laws or similar programs that provide benefits for work-related injuries or illness. For example we may disclose your medical information regarding a work-related injury or illness to claims administrators, insurance carriers, and others responsible for evaluating your claim for worker's compensation benefits.

19. Family and Friends Involved in or Paying for Your Care

We may disclose your protected health information to a friend, family member, or any other person who is involved with your care or payment for your care. For example, you may bring a friend or family member to your appointment and have that person in the exam room while talking with a health care provider. You may inform us verbally or in writing if you object to disclosures to your family and friends.

20. Disclosures in Case of Disaster Relief

We may disclose your name, city of residence, age, gender, and general condition to a public or private disaster relief organization to provide needed medical care or to help you find members of your family.

21. Disclosures to Parents as Personal Representatives of Minors

In most cases, we may disclose your minor child's PHI to you. In some situations, however, we are permitted and sometimes required by law to deny you access to your minor child's PHI. An example of when we must deny such access, based on the type of health care, is when a minor who is 12 years old or older seeks care for a communicable disease or condition. Another situation when we must deny access to parents is when minors have adult rights to make their own health care decisions. These minors include, for example, minors who were or are married or who have a declaration of emancipation from a court.

22. Appointment Reminders

We may use PHI that you provided us with to remind you of your upcoming appointments for treatment or other health care you may need.

23. Immunization Records

With written or verbal authorization from a parent, guardian, other person acting in loco parentis or of an emancipated minor, we may disclose proof of your child's immunization to a school and/or information about a child who is a student or prospective student at the school as required by State or other law.

24. Identity Verification

We may photograph you for identification purposes. Your photo may be stored in your medical record. You may decline to have your photograph taken, if you wish, by contacting your provider.

25. Health Information Exchange

We may share your health information electronically with other healthcare providers outside of our facility who are involved in your care.

We may participate in a Health Information Exchange (HIE) for treatment purposes. The HIE is an electronic system that allows participating health care providers to share patient information in compliance with federal and state privacy laws. Unless you notify us otherwise that you object, we will share your health information electronically with your participating health care providers as necessary for treatment. Patient health information that, currently by law, requires a signed authorization for release will not be transmitted to the HIE without your consent.

If you would like to "opt out" of being included in a HIE at any time, you may contact your provider.

26. Electronic Health Records

We may use an electronic health record to store and retrieve your health information. One of the advantages of the electronic health record is the ability to share and exchange health information among personnel and other community health care providers who are involved in your care. When we enter your information into the electronic health record, we may share that information by using shared clinical databases or health information exchanges. We may also receive information about you from other health care providers in the community who are involved with your care by using shared databases or health information exchanges. If you have any questions or concerns about the sharing or exchange of your information, please discuss them with your provider.

27. Communications with Family and Others When you are Present

Sometimes a family member or other person involved in your care will be present when we are discussing your PHI with you. If you object, please tell us and we won't discuss your PHI while that person is present.

28. Communications with Family and Others When you are Not Present

There may be times when it is necessary to disclose your PHI to a family member or others involved in your care because there is an emergency or you lack the decision making capacity to agree or object. In those instances, we will use our professional judgement to determine if it's in your best interest to disclose your PHI. If so, we will limit the disclosure to the PHI that is directly relevant to the person's involvement with your health care. For example, we may disclose your potential exposure to an infectious disease that warrants immediate attention.

Uses and Disclosures of Your Protected Health Information Requiring Your Written Authorization

We will obtain your written permission through an authorization for other uses and disclosures of your PHI not covered by this Notice. You may revoke the authorization in writing at any time, and we will stop disclosing PHI about you for the reasons stated in your written authorization. Any disclosures made prior to the revocation are not affected by the revocation.

Redisclosure of Protected Health Information

The information disclosed pursuant to this notice has the potential to be redisclosed by the recipient and is no longer protected once disclosed.

Uses and Disclosures of HIV/AIDS Information

California law gives heightened protections to HIV/AIDS information. Generally, we must obtain your written authorization specifically permitting a disclosure of the results of an HIV/AIDS test for each separate disclosure made. We may disclose your HIV/AIDS test results without your authorization and as required under State reporting laws for purposes of public health investigation, control, or surveillance. Additionally, disclosures to a health care provider may be made without specific patient authorization for the direct purposes of diagnosis, care, or treatment of the patient.

Your physician who orders an HIV test on your behalf may disclose the result of your HIV test to your health care providers for purposes related to your diagnosis, care, or treatment.

Uses and Disclosures of Your Substance and Alcohol Use Disorder Records

The confidentiality of your substance and alcohol use disorder records are protected by 42 USC 290dd-2 and the Department of Health and Human Services (HHS) regulations at 42 CFR Part 2 – Confidentiality of Substance Use Disorder Patient Records. Generally, we are not allowed to disclose your participation in the program or identify you as having an alcohol or drug abuse problem to an outside person unless:

(1) You consent in writing;
(2) The disclosure is to prevent multiple 42 CFR Part 2 program enrollments;
(3) The disclosure is allowed by a court order;
(4) The disclosure is made to medical personnel to the extent necessary to meet a bona fide medical emergency;
(5) The disclosure is for the purpose of conducting scientific research; or
(6) The disclosure is made for certain audit and/or evaluation purposes.

Federal law and regulations allow communication of personally identifying information about you by our program to law enforcement agencies or officials about a crime committed by you either at our program or against any person who works for the program premises or about any threat to commit such a crime.

Federal laws and regulations allow our program to report under state law personally identifying information about you in connection with incidents of suspected child abuse or neglect to appropriate State or local authorities.

Upon receiving written consent from you, a single consent may be used for all future uses or disclosures for treatment, payment, and health care operations purposes.

Records, or testimony relaying the content of such records, shall not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless based on specific written consent or a court order. Records shall only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to you or the holder of the record, where required by 42 USC 290dd-2 and 42 CFR Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.

Records that are disclosed to a part 2 program, covered entity, or business associate pursuant to your written consent for treatment, payment, and health care operations may be further disclosed by that part 2 program, covered entity, or business associate, without your written consent, to the extent the HIPAA regulations permit such disclosure.

You have the right to a list of disclosures by an intermediary for the past 3 years.

You have the right to discuss this notice with your provider, the County, and/or the Health Care Agency Office of Compliance.

If you believe that the privacy of your information protected by 42 USC 290dd-2 and 42 CFR Part 2 has been violated, you may contact the U.S. Attorney's Office, Central District of California, Santa Ana Branch Office at 411 W. Fourth Street, Suite 8000, Santa Ana, CA 92701 or by phone at (855) 898-3957.

Your Rights Regarding Your Protected Health Information

1. **Right to View and Copy Your PHI**
   Subject to certain exceptions, you have the right to view or get a copy of your protected health information that we maintain in records relating to your care, decisions about your care, or payment for your care. You have the right to view your records in any format that the County of Orange maintains them in, and you may direct them to be sent to a third party. Your request must be submitted in writing and a fee may be charged for the costs of copying, mailing, and for any other supplies used in fulfilling your request. In limited situations, we may deny some or all of your requests to see or receive copies of your records. If denied, we will tell you why in writing and explain your right, if any, to have our denial reviewed.
   - The 21st Century Cures Act Final Rule identifies exceptions to your right to access your PHI. There may be situations in which we can deny you access to your PHI if an exception applies under the Information Blocking Final Rule, however, if an exception does not apply and we do not provide you with access to your PHI as required by law, this may be considered information blocking. If you believe you have been inappropriately denied access to your PHI, you may file a complaint with the Orange County Health Care Agency Office of Compliance (OOC) or the Office of the National Coordinator for Health Information Technology (ONC). Complaints can be filed with the ONC here: https://inquiry.healthit.gov/support/plugins/servlet/desk/portal/6

2. **Right to View and Copy Laboratory Test Results**
   You have the right to view and copy protected health information consisting of your completed laboratory test results or reports from the County of Orange Public Health Laboratory after the appropriate authentication process has been completed. A request must be submitted in writing and a fee may be charged for the costs of copying, mailing, and for any other supplies used in fulfilling your request.

3. **Right to Request an Amendment**
   You have the right to request that we correct or add to your record if you believe there is a mistake in your PHI or that important information is missing. The request must be in writing, explaining what corrections or additions you are requesting, and the reasons the corrections or additions should be made. We will respond in writing after reviewing your request. If we approve your request, we will make the correction or addition to your PHI.

   We may deny your request if it is not in writing or does not include a reason to support the request. We may also deny your request if:

   - The information in your record is correct and accurate;
   - The information in your record was not created by us or the person who created it is no longer available to make the amendment; or
   - The information is not part of the records you are permitted to view and copy.

   If we deny your request for amendment, we will tell you why and explain your right to file a written statement of disagreement. Your statement must not exceed five pages. You must clearly tell us in writing if you want us to include your statement of disagreement along with your original amendment request and our written denial in future disclosures we make of that portion of your medical records.

4. **Right to an Accounting of Disclosures**
You have the right to request a list of our disclosures of your PHI. The request must be made in writing and can only include disclosures that occurred between the date of your request and up to six years before the date of your request.

To request an accounting, you may write us at Orange County Health Care Agency, Custodian of Records, P.O. Box 355, Santa Ana, CA 92702 or you can fill out the Accounting of Disclosures request form found at http://ochealthinfo.com/about/admin/programs/records. You are entitled to one disclosure accounting in any 12-month period at no charge. If you request any additional accountings less than 12 months later, we may charge you a fee.

The list will not include the following disclosures:

- That you provided a signed authorization for;
- To carry out treatment, payment, and health care operations;
- To family members or friends involved in your medical treatment or care;
- To jails, prisons, or law enforcement; or
- Not covered by the right to an accounting.

For electronic health records, the accounting of disclosures would also include disclosures of your PHI made to carry out treatment, payment, and health care operations. This requirement is limited to disclosures within the three-year period prior to your request and after January 1, 2014.

5. **Right to Request Restrictions on Uses and Disclosures of your PHI**
You have the right to request a restriction or limitation on how we use or disclose your PHI for treatment, payment, or health care operation purposes. For example, you could ask us to limit the information we share with someone who is involved in your care or the payment for your care. You may also ask that we limit disclosures to your spouse. We may ask that you give us your request in writing which we will review and consider. If we agree to your request, we will not use or disclose the PHI in violation of such restriction, except if we believe this information is required by law or to provide you with necessary medical treatment or care.

We are not required to agree to your request, except that you have the right to restrict disclosures to a health plan, insurer for payment or health care operations purposes, or to a business associate if you or someone on your behalf pays out of pocket in full for the health care item or service at the time of the request for restriction. However, we can still disclose the information to a health plan, insurer, or business associate for the purpose of treating you or if required by law.

If the services are not paid for in full and out of pocket by you or by someone on your behalf, we do not have to agree to your request to restrict uses or disclosures of PHI for treatment, payment, or health care operations purposes. We will consider all submitted requests and, if we deny your request, we will notify you in writing.

For requests to restrict your PHI for payment or health care operations purposes, please request the restriction prior to receiving services. You may write us at Orange County Health Care Agency, Custodian of Records, P.O. Box 355, Santa Ana, CA 92702 or you can fill out the Right to Request Restrictions form found at: http://ochealthinfo.com/about/admin/programs/records.

6. **Right to Request Confidential Communications**
   You have the right to request how we communicate with you to preserve your privacy. For example, you may request that we call you only at your work number or send mail to a special address. Your request must be made in writing and must specify how or where we are to contact you. We will accommodate all reasonable requests.

   If your PHI is stored electronically, you may request a copy of the records in an electronic format offered by the County of Orange. You may also make a specific written request to the County of Orange to transmit the electronic copy to a designated third party.

   If the cost of meeting your request involves more than a reasonable additional amount, we are permitted to charge you our costs that exceed that amount.

7. **Right to Revoke an Authorization**
   You have the right to take back or revoke your written authorization to use and disclose your PHI at any time. You must let us know of your revocation in writing. If you take back your written authorization, we will stop sharing your PHI. However, we cannot take back any information already used or shared while the authorization was valid.

   The County is required by law to keep a record of the medical treatment you receive from the County whether or not you give us written permission to use or share it. You do not have the right to have information removed from your record.

8. **Right to a Paper Copy of this Notice**
   Unless you are an inmate, you have the right to receive a paper copy of this notice any time you request it.

9. **Breach Notification**
   In the event of a breach of your unsecured PHI, the County will notify you of the circumstances of the breach.

10. **Right to File a Complaint**
    If you have any questions about this notice, your privacy rights, or believe your privacy rights have been violated, you may call the Orange County Health Care Agency Office of Compliance at (714) 568-5614, the County Privacy Officer at (714) 834-4082, fill out a complaint form online at https://ocit.oc.gov/county-privacy-office/how-file-complaint, or email us at HIPAA@ochca.com and/or PrivacyOfficer@ocgov.com.

    You also have the right to file a complaint directly to the Secretary of the United States Department of Health and Human Services (DHHS) at: DHHS, Region IX Office for Civil Rights, 90 7th Street, Suite 4-100, San Francisco, CA 94103, or call (800) 368-1019, TDD (800) 537-7697. The complaint must be filed in writing and sent by mail, fax, or electronically by e-mail and within 180 days of when you found out the violation occurred.

The County of Orange honors your right to express concerns regarding your privacy. You will not be punished, threatened, penalized, or retaliated against for asking questions or for filing a complaint.

Our Responsibilities

We must follow the terms of this notice while it is in effect. We reserve the right to change this notice and our privacy practices at any time. Changes in our privacy practices will apply to any PHI we already have and to PHI we create or receive in the future. If the County of Orange is your health plan, we will mail a new notice to you if material changes are made. We will also post and make the new notice available at County clinics in the waiting areas or at the reception desk. The notice will also be available on the County Health Insurance Portability and Accountability Act (HIPAA) website at https://ocit.oc.gov/county-privacy-office/notice-privacy-practices-npp

Notice of Nondiscrimination [Affordable Care Act (ACA) 45 CFR 92]

The Orange County Health Care Agency complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Orange County Health Care Agency does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Orange County Health Care Agency:

- Provides free aids and services to people with disabilities 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 services to people whose primary language is not English such as:
  - Qualified interpreters
  - Information written in other languages

Let our staff know if you need these services.

If you have any difficulty obtaining these services, believe you have been discriminated against, or wish to file a grievance related to any of these services or policies, you can file a grievance in person or by mail, fax, or email at the contact information listed directly below. The Civil Rights Coordinator at Orange County Health Care Agency is available to help you as needed.

Orange County Health Care Agency
Attn: Civil Rights Coordinator, Office of Compliance
405 W. 5th Street, Santa Ana, CA 92701,
Tel: 714-568-5787, TTD: 711, Fax: 714-834-6595, Email: officeofcompliance@ochca.com.

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, 1-800-537-7697 (TDD)
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Language Assistance Services

#	Language	Tagline
	English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-714-568-5787 (TTY: 711).
1	Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-714-568-5787 (TTY: 711).
2	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 1-714-568-5787 (TTY: 711)
3	Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-714-568-5787 (TTY: 711).
4	Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-714-568-5787 (TTY: 711).
5	Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-714-568-5787 (TTY: 711) 번으로 전화해 주십시오.
6	Armenian	ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-714-568-5787 (TTY: 711) հեռատիպ
7	Persian (Farsi)	**توجه** : اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-714-568-5787 (TTY: 711) تماس بگیرید.
8	Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-714-568-5787 (телетайп: 711).
9	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。1-714-568-5787（TTY: 711）まで、お電話にてご連絡ください。
10	Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-714-568-5787 (711: رقم هاتف الصم والبكم)
11	Punjabi	ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-714-568-5787 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।
12	Monn-Khmer, Cambodian	ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-714-568-5787 (TTY: 711)។
13	Hmong	LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-714-568-5787 (TTY: 711).
14	Hindi	ध्यान द□: य□द आप ि◌हंदी बोलते ह□ तो आपके ि◌लए मुफ्त म□ भाषा सहायता सेवाएं उपलब्ध ह□। 1-714-568-5787 (TTY: 711) पर कॉल कर□।
15	Thai	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-714-568-5787 (TTY: 711).