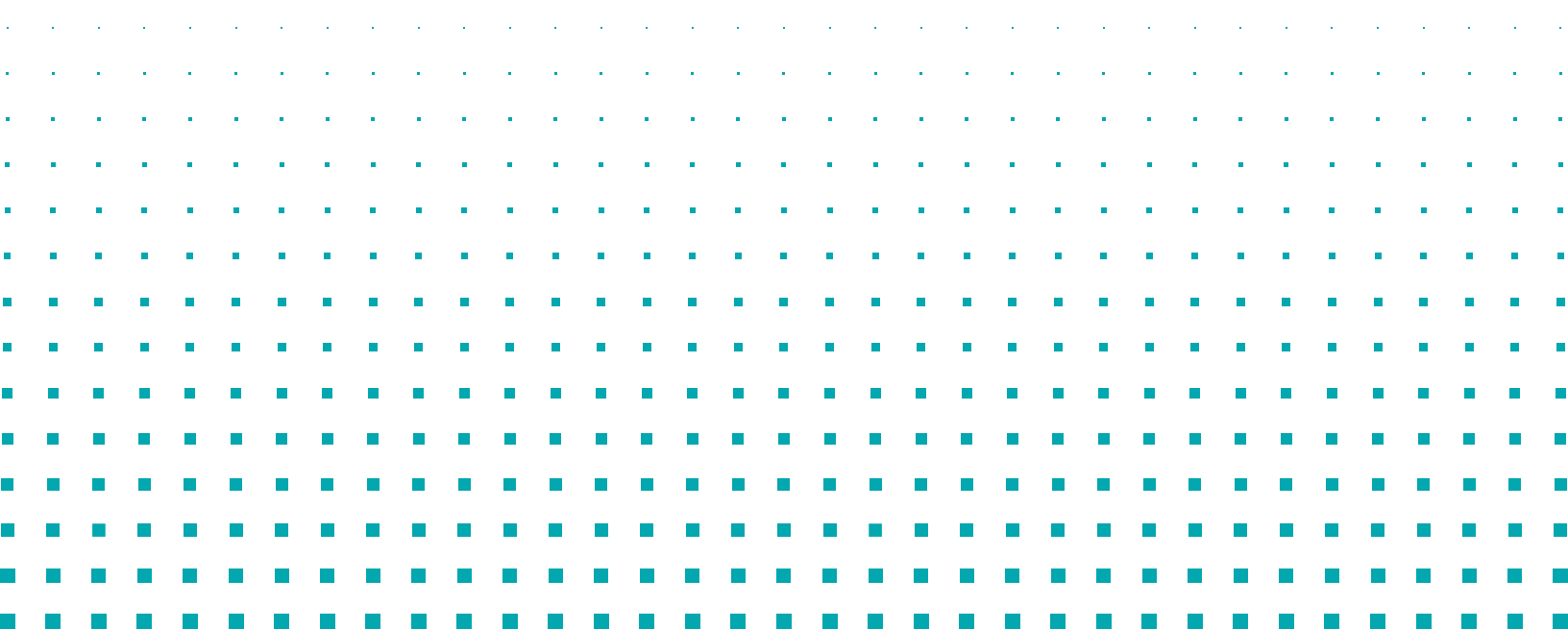


# NOTICE OF PRIVACY PRACTICES

REVISED FEBRUARY 2026



Effective Date: April 14, 2003  
Revision Date: February 26, 2026

South Shore Health System (“SSHS”) is an integrated health care delivery system. For a list of entities which comprise SSHS, please see the appendix on page 14. Federal law requires patients are provided this Notice of Privacy Practices. This notice describes how your medical information can be used and disclosed and how you can gain access to this information. Please read this notice carefully.

If you have any questions about this notice, please contact the SSHS Privacy Officer at:

South Shore Health System  
Privacy Officer  
55 Fogg Road, Mailbox #82  
South Weymouth, MA 02190-2455  
Phone: 781-624-8828  
Fax: 781-624-5140  
Email: [compliance@southshorehealth.org](mailto:compliance@southshorehealth.org)

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## OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

At SSHS, it is understood that medical information about you and your health is personal. SSHS is committed to protecting certain medical information about you (called “protected health information” or PHI) and complying with the privacy regulations established as part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). “Protected Health Information” is information about you that may identify you and which is related to past, present or future physical or mental health conditions and related health care services.

The health care team creates a record of the care and services you receive at SSHS. This record is necessary to provide you with quality care and to comply with certain legal requirements. This notice applies to the records that your care has generated whether made by SSHS personnel, your personal physician providing care to you at the hospital, or records received from other health care professionals in the context of providing your medical care. Your personal physician may have different policies regarding his/her use and disclosure of your medical information created and maintained in his/her office outside of SSHS.

## OUR LEGAL REQUIREMENTS

Legally, SSHS is required to:

- Take reasonable steps to ensure that your protected health information is kept private and secure;
- Give you a copy of this notice;
- Follow the terms of this notice that is currently in effect.

## WHO WILL FOLLOW THIS NOTICE?

This notice describes SSHS’s privacy practices. SSHS has entered into an organized health care arrangement with the physicians on the medical staff at the hospital. As a result, the medical staff will also follow the terms of this Notice with respect to protected health information that they create or receive while providing services at the hospital. SSHS and the medical staff may share protected health information with one another as necessary to carry out treatment, payment or operations relating to this arrangement.

This notice also describes the privacy practices of:

- Any healthcare professional authorized to enter information into your SSHS medical record;
- All departments and units of SSHS;
- Any members of the volunteer services that SSHS allows to help you while you are in the hospital;
- All employees, staff and other SSHS personnel;
- All employees of the affiliates of SSHS.

## HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

SSHS may use and disclose protected health information about you without your authorization for the following reasons:

- **Treatment:** SSHS may use protected health information about you to provide you with medical treatment or services. SSHS may disclose protected health information about you to doctors, nurses, technicians, students or other SSHS personnel who are involved in your care. Your authorization is not needed for this.
  - **Example:** A physician treating you for a broken leg may need to know if you have diabetes. The pharmacy, laboratory and radiology departments may also need to know your diagnosis in order to coordinate all your tests and medications. SSHS may also provide information to people outside SSHS that will help coordinate your post-hospital care, such as a Visiting Nurse Association.
- **Payment:** SSHS may use and disclose protected health information about you to an insurance carrier or third party payer to verify coverage and to make sure that claims are billed and paid correctly. Your authorization is not required for this.
  - **Example:** SSHS may need to discuss a treatment you are scheduled to undergo to receive prior approval or authorization so that the insurance plan will reimburse SSHS for the procedure.
- **SSHS Operations:** SSHS may use your protected health information for administration, planning and quality assessment purposes, which are necessary to run SSHS and to make sure that all of our patients receive quality care. Your authorization is not required for this.
  - **Example:** Protected health information may be used to review treatment and services and to evaluate the performance of the staff caring for you.
- **Appointment Reminders:** SSHS may use or disclose limited protected health information to contact you as a reminder that you have an appointment for treatment or medical care at SSHS.
- **Treatment Alternatives or New Services:** SSHS may use and disclose protected health information to tell you about health-related options, services or alternatives available at SSHS that may be of interest to you.
  - **Example:** If you have been diagnosed with a particular disease and SSHS is offering a new treatment, support group or service, you may be notified of the new options available to you.
- **Fundraising:** SSHS may use limited information such as your name, address, phone number and dates of service in order to contact you in an effort to raise money for SSHS and its operations. SSHS also may disclose information to its affiliated fundraising foundation to allow the Foundation to reach you directly. You may opt out of these fundraising communications. If you do not wish to receive certain or all fundraising communications from South Shore Health Foundation, please call the Foundation office at 781-624-8600 or email us at [foundation@southshorehealth.org](mailto:foundation@southshorehealth.org).

## WHEN YOU MAY DISAGREE OR OBJECT TO A USE OR DISCLOSURE

SSHS may use and disclose protected health information about you unless you disagree or object under the following circumstances:

- **Hospital Directory:** Unless you disagree or object, SSHS will include your name, location in the hospital, general health condition (e.g. good, fair) and religious affiliation in its inpatient directory. This information may be disclosed to anyone who asks for you by name or to clergy members. Your religious affiliation will only be made available to clergy members.
- **Individuals Involved In Your Care:** SSHS may release protected health information to a family member or to another person identified by you when you are present for, or available prior to, the disclosure. If your agreement is obtained and you do not (or it can be reasonably inferred that you do not) object to the disclosure, SSHS may release information as described. If your consent can not be obtained because you are incapacitated or are in an emergency situation, professional judgment will be used to determine whether disclosure of protected health information is in your best interest.
  - **Example:** Unless SSHS has a reason to believe you would not want them notified, SSHS may contact your family or a close friend in the event of an emergency to disclose your condition and location in the hospital. Alternatively, in cases of suspected abuse, neglect or endangerment, SSHS may elect not to disclose information to your family or a personal representative if there is reason to believe that providing the information may put you at risk.
- **Disaster Plan or Terrorist Attack Notification:** Unless you disagree or object, SSHS may disclose protected health information to those assisting in disaster relief so that your family can be notified about your location and condition.

## NOTICE OF NON-DISCRIMINATION

SSHS complies with applicable Federal civil rights laws and does not discriminate against any person based on race, color, national origin, age, disability, or sex. We provide free interpreters, language assistance, and auxiliary aids for individuals who require additional assistance. To request these services please contact Patient Experience at 781-624-8888 | TTY 781-624-8898.

This notice is also available in the following languages. Click each language to access an electronic version.

- Arabic
- Chinese
- Haitian Creole
- Portuguese
- Spanish
- Vietnamese

## SPECIAL SITUATIONS

There are other special situations that allow SSHS to use or disclose protected health information about you without your authorization. These are:

- **Research:** Under certain conditions, SSHS may use and disclose protected health information about you for research without your prior authorization. All research projects, however, are subject to a special review process. Before any information is released, a review board must approve the project, although SSHS may disclose medical information about you to people preparing to conduct a research project, such as to help them look for patients with specific medical needs, so long as the medical information they review does not leave the hospital. You will almost always be asked for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or if that researcher will be involved in your care at the hospital.
  - **Example:** A research project may compare the health and recovery of patients who receive one medication as opposed to those who receive a different medication for the same condition.
- **Organ and Tissue Donation:** If you are a registered organ or tissue donor or if your family authorizes organ or tissue donation on your behalf, or if you are a proposed organ or tissue recipient, SSHS may release protected health information to organizations that handle organ and tissue procurement in order to help facilitate a donation/transplant.
- **As Required By Law:** SSHS will disclose protected health information about you when required by local, state or federal law.
  - **Example:** SSHS is required to report births and deaths to the state and must report certain infectious diseases to the Department of Public Health.
- **To Avert A Serious Threat To Health or Safety:** SSHS may use or disclose protected health information about you when necessary to prevent a serious threat to your health and safety, the health and safety of another, or the public. Such disclosure would be only to a person or agency involved in the effort to prevent the perceived threat or to the identified individual or individuals believed to be at risk.
- **Military and Veterans:** If you are a member of the military, SSHS may release protected health information about you as required by the military command authorities. SSHS may release protected health information about foreign military personnel to the appropriate foreign military authorities.
- **Workers' Compensation:** SSHS may release information about you for Workers' Compensation or similar programs.
- **Public Health Risks:** SSHS has legal obligations to disclose protected health information about you for certain public health reasons. SSHS has no choice in this matter.
  - **Example:** Examples include, but are not limited to, the reporting of births/deaths, elder/child abuse or neglect, reactions to medications, recalls of products, information to assist in preventing and controlling disease or injuries, to notify a person who has been exposed to a disease or who may be at risk for contracting or spreading a disease.

- **Health Oversight Activities:** SSHS may disclose protected health information to a health oversight agency in connection with an audit, inspection, investigation, or license proceeding to ensure compliance with government rules, including those that apply to Medicare and Medicaid.
- **Lawsuits and Disputes:** If you are involved in a lawsuit/dispute, SSHS may disclose information about you in response to a court order or other valid legal process (e.g. subpoena, summons). SSHS may also disclose protected health information about you to someone else involved in the lawsuit/dispute according to the legal process.
- **Law Enforcement:** SSHS may be required or permitted to release protected health information if asked to do so by a law enforcement agent or organization with the appropriate court order, subpoena, warrant or summons.
  - **Example:** SSHS may release protected health information to (i) identify a suspect, fugitive or material witness; (ii) report a death that SSHS believes to be the result of criminal conduct; (iii) disclose criminal conduct which occurred in a SSHS facility or on SSHS property; or (iv) in an emergency to report a crime, the location of the crime or victims, and the identity and description of a person believed to have committed the crime.
- **Substance Use Disorder/Alcohol Use Disorder (SUD/AUD):** Special Laws apply for the use and disclosure for all records that fall under the 42CFR Part 2, substance use disorder (“SUD”) program. This specific program allows patients to opt in or opt out, by opting in you allow for your records to be shared for treatment payment and healthcare operations. You can change your status at any time. All records in the 42CFR Part 2 program will require a patient’s single consent for all future uses and disclosures for treatment payment and healthcare operations.
  - **Penalties:** Aligns Part 2 penalties with HIPAA by replacing criminal penalties currently in Part 2 with civil and criminal enforcement authorities that also apply to HIPAA violations.
  - **Breach Notification:** Applies the same requirements of the HIPAA Breach Notification Rule to breaches of records under Part 2.
  - **Patient Notice:** Aligns Part 2 Patient Notice requirements with the requirements of the HIPAA Notice of Privacy Practices.
  - **Safe Harbor:** Creates a limit on civil or criminal liability for investigative agencies that act with reasonable diligence to determine whether a provider is subject to Part 2 before making a demand for records in the course of an investigation. The safe harbor requires investigative agencies to take certain steps in the event they discover they received Part 2 records without having first obtained the requisite court order.
- **In The Event Of Your Death:** SSHS may release information to a coroner/medical examiner in order to assist in identifying you or determining the cause of your death. SSHS may disclose protected health information to a funeral director to assist him/her in performing his/her duties.
- **National Security and Intelligence Activities:** With proper court order, SSHS may disclose protected health information about you to authorize federal officials, counterintelligence and other national security activities authorized by law.

- **Protective Services for the President and Others:** With the proper court order, SSHS may disclose protected health information about you to authorized federal officials so that they may provide protection to the President, and other authorized persons or foreign heads of state.
- **Inmates:** If you are an inmate of a correctional institution or under the custody of law enforcement officials, SSHS may release protected health information about you to the correctional institution or law enforcement officials to enable them to provide you with adequate care, to protect your health and safety and the safety of others, and to provide for the safety and security of the correctional institution.
- **When The Patient Is A Minor:** Special laws apply to the use and disclosure of protected health information about minors. If the patient is a minor (under 18 years of age), patient information cannot be released without the consent of a parent or legal guardian, unless the minor is deemed to be emancipated. Once a minor reaches the age of 18, however, protected health information can no longer be released to a parent without the patient's written consent.

A minor is deemed "emancipated" and has control over his/her own medical records if the minor:

- Is married, widowed or divorced;
- Has a child;
- Is a member of the armed forces;
- Is pregnant or believes herself to be pregnant (this only applies to the records related to the pregnancy, pregnancy testing, or pregnancy termination);
- Is living away from his/her parents and managing his/her own finances; or
- Believes he/she has come in contact with a dangerous disease as defined by the Department of Public Health (this applies only to those records related to the suspected dangerous disease).

## USES & DISCLOSURES THAT REQUIRE YOUR WRITTEN PERMISSION

If SSHS wishes to use or disclose protected health information about you for any reason other than those reasons listed above, SSHS will likely be required to obtain your written permission. For example, we are not permitted to provide your protected health information to any other person or company for marketing to you of any products or services, or to receive payment in exchange for marketing communications, without your written permission. We are also not permitted to receive payments for the sale of your protected health information without your written permission. There are exceptions to this general rule, including when the purpose of the payment is for (i) public health activities; (ii) research purposes (if the price charged reflects the cost of preparation and transmittal of the information); (iii) your treatment; (iv) performance of services by a business associate on our behalf; or (v) providing you with a copy of your protected health information. You have the right to revoke this written permission.

If you revoke your permission, SSHS will no longer use or disclose your protected health information about you for the reasons covered by your written authorization. SSHS is unable to take back any disclosures already made with your authorization and is required to retain a record of all care provided to you.

## YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

- **Right To Inspect and Copy:** You have the right to inspect and have copied protected health information that may be used to make decisions about your medical care. This includes medical and billing records but does not include psychotherapy notes. If SSHS maintains this information electronically, you may request that this information be given to you in electronic form. To inspect and have copied this information, you must submit your request in writing. You must present valid picture identification upon your presentation to the applicable SSHS facility. If you request a copy of this information, SSHS may charge a reasonable fee for copying, mailing, or other supplies associated with your request, including costs of any portable electronic media (like CDs or flash drives) used to provide you with electronic copies.  
SSHS may deny your request under certain circumstances. If you are denied access to your records, you may send a written request to the applicable SSHS facility to review the denial. Another licensed health care professional or health care team chosen by SSHS will review your request and the reasons for the denial. The person who denied your request will not be involved in the review process. SSHS will comply with the outcome of the review.
- **Right To Request An Amendment To Your Records:** If you feel the protected health information SSHS has about you is incorrect or incomplete, you have the right to request an amendment at any time. Your request for an amendment must be made in writing and must state the reason for the requested amendment. SSHS may deny your request if (i) you ask to amend information that was not created by SSHS, (ii) it is not part of the protected health information kept for or by SSHS, (iii) it is not part of the information which you are permitted to inspect or copy, or (iv) SSHS believes the information is accurate and complete. If your request is denied, you have the right to send a letter of objection that will then be attached to your permanent medical record along with any written rebuttal that SSHS feels is necessary.
- **Right To Request An Accounting Of Disclosures:** You have a right to request a list of various disclosures that SSHS has made of your protected health information. SSHS is not required to keep a list of any uses or disclosures for treatment, payment or operations purposes or for any uses or disclosures that are made after obtaining your written authorization.

To request an accounting of disclosures, you must submit a written request. Your request must state a time period that does not go back more than six (6) years and that does not include dates prior to April 14, 2003. Your request should indicate in what form you want the list (e.g. on paper or electronically). The first list you request within any twelve (12) month period will be provided free of charge. SSHS may charge you a reasonable fee for the costs incurred in producing any additional lists. SSHS will notify you of the charges and you may choose to modify or withdraw your request before any costs are incurred.

- **Right To Request Restrictions On The Use & Disclosure Of Your Information:** You have the right to request a limit on the protected health information SSHS uses or discloses for treatment, payment or operations purposes, including the right to limit information given to your health plan related to services you paid for

in-full as out-of-pocket costs. You may also request a limit on the information provided to someone you have identified as a person to be informed about your medical condition or the payment for your care (e.g. family member, friend or attorney). SSHS is not required to agree to your request. If the request is agreed to, SSHS will comply with your request, unless the information is required to provide you with emergency care. To request a restriction, you must send a written request that states (i) the information you want limited, (ii) whether you want to limit SSHS's use, disclosure or both, and (iii) to whom you want the limits to apply (e.g. child or spouse).

- **Example:** If you would like a family member to be informed about your medical care, you may restrict the information provided to include only information relevant to a particular procedure or hospitalization and not your entire medical record.

- **Right to Request Non-Disclosure of Information to Health Plans for Self-Pay Items or Services:** If you pay out-of-pocket and in full for health care items or services, prior to the time the items or services are provided to you, and request that SSHS not disclose information about those health care items or services to your health plan, SSHS will honor your request, unless the disclosure is otherwise required by law. In order for SSHS to implement your request to restrict health plan disclosures for self-pay services, you must obtain and submit the proper form to the applicable SSHS location on or before the date of service. (Refer to location contact information for non-disclosure of self-pay items or services on page 10). SSHS may not be able to honor your request if you wait until care has started to make a request for a restriction on disclosures to your health plan. If the payment you make is not honored for some reason (e.g. a check bounces), SSHS will make a reasonable effort to contact you to obtain an alternative form of payment. However, if that effort is unsuccessful, SSHS may proceed to bill your health plan for the items or services that were provided. This restriction on disclosures only applies to items or services furnished by SSHS. You should talk with the other providers involved in your care outside of SSHS (e.g. physicians, pharmacists) to discuss your desire to restrict the disclosure of information they may otherwise submit to your health plan.
- **Right To Request Confidential Communications or Communications in a Certain Way:** You have the right to request that SSHS communicate with you about medical matters in a certain way or at a certain location in order to better maintain your privacy. To request that the ways in which you are contacted are limited, you must send a written request. You will not be asked the reason for your request and SSHS will honor all reasonable requests (as defined by SSHS). The request must specify how or where you wish to be contacted.
  - **Example:** You may ask SSHS to contact you only at work or at a particular telephone number, or by mail in plain white envelopes.
- **Right To Receive Notifications of Data Breach:** You have the right to be notified if there is a breach of any of your unsecured protected health information that we hold or control. Protected health information is "unsecured" if it is not protected by a technology or methodology that makes it unreadable, like encryption. The notice must be made within 60 days from when we become aware of the breach. The notice must include: (i) a brief description of the breach, including the date of breach and discovery; (ii) a description of the types of unsecured protected health information disclosed or misappropriated during the breach; (iii) the steps you can take to protect your identity; (iv) a description of our actions to investigate the breach and

mitigate harm now and in the future; and (v) contact procedures (including a toll-free telephone number) for affected individuals to find additional information. We must notify you in writing by first class mail (unless you have opted for electronic communications with us). However, if we have insufficient contact information for you, an alternative notice method (posting on website, broadcast media, etc.) may be used. If a breach affects more than 500 individuals, we must immediately notify the federal government (the U.S. Department of Health and Human Services) after which the government will post our name on its internet website. Additionally, we may be required to publish a notice in a prominent media outlet in each state or jurisdiction where more than 500 individuals' unsecured protected health information has been breached. For breaches involving fewer than 500 individuals, we are required to maintain a log of such breaches and submit this information annually to the federal government. Finally, we may telephone you if we reasonably believe there is a possibility of imminent misuse of your unsecured protected health information; however, such telephone contact will not substitute for our written notice obligations.

- **Right to Opt Out of Fundraising Communications:** You have the right to opt out from communications regarding our fundraising programs and events.
- **Right To A Copy Of This Notice:** You have a right to receive a paper copy of this notice. You may ask for additional copies of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy. To obtain a paper copy of this notice, please ask the patient registration staff assisting you or call the SSHS Privacy Officer at 781-624-8828. A copy of this notice is also provided on SSHS' website, [SouthShoreHealth.org](http://SouthShoreHealth.org).

## CHANGES TO THIS NOTICE

SSHS reserves the right to change this notice without notification. SSHS reserves the right to make the revised notice effective for protected health information already collected about you, as well as any information received in the future. SSHS will post a copy of the current notice in all SSHS admitting/registration areas.

## COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with either SSHS or with the Office of Civil Rights. The contact information is:

To file a complaint with SSHS, contact the Privacy Officer at:

South Shore Health System  
Privacy Officer  
55 Fogg Road, Mailbox #82  
South Weymouth, MA 02190-2455  
Phone: 781-624-8828  
Fax: 781-624-5140

To file a complaint with the Office of Civil Rights, the contact info is:

Office for Civil Rights Regional Manager  
Government Center  
JFK Federal Building, Room 1875 Boston, MA 02203-0002  
Phone: 800-368-1019  
Fax: 202-619-3818  
TDD: 800-537-7697

**All complaints must be submitted in writing.**

**You will not be penalized in any way for filing a complaint, nor will your medical care be compromised in any way.**

## CONTACTS

Throughout this notice, there are references to the Privacy Officer and SSSH entities. The contact information for each entity is listed below:

### For privacy-related concerns:

South Shore Health System  
Privacy Officer  
55 Fogg Road, Mailbox #82  
South Weymouth, MA 02190-2455  
Phone: 781-624-8828  
Fax: 781-624-5140

### For **South Shore Hospital** medical record requests, contact:

Health Information Management Office  
55 Fogg Road, Mailbox #55  
S. Weymouth, MA 02190-2455  
Phone: 781-624-8237  
Fax: 781-331-3916  
[www.SouthShoreHealth.org](http://www.SouthShoreHealth.org)

### For **Home Care Division** medical record requests, contact:

Director of Administrative Operations  
30 Reservoir Park Drive  
Rockland, MA 02370  
Phone: 781-624-7850  
Fax: 781-792-4206  
[www.SouthShoreHealth.org](http://www.SouthShoreHealth.org)

**For South Shore Medical Center medical record requests, contact:**

Medical Records Department  
PO Box 9147  
Norwell, MA 02061  
Phone: 781-261-4417  
Fax: 781-878-5044  
[www.SouthShoreHealth.org](http://www.SouthShoreHealth.org)

**For Coastal Medical Associates medical record requests, contact:**

Medical Records Department  
55 Fogg Road, Mailbox #55  
S. Weymouth, MA 02190-2455  
Phone: 781-624-8237  
Fax: 781-331-3916  
[www.SouthShoreHealth.org](http://www.SouthShoreHealth.org)

**For South Shore Health Urgent Care medical record requests, contact:**

Medical Records Department  
PO Box 9147  
Norwell, MA 02061  
Phone: 781-261-4417  
Fax: 781-878-5044  
[www.SouthShoreHealth.org](http://www.SouthShoreHealth.org)

**Requests for Non-Disclosure for self-pay items or services:**

**For South Shore Hospital:** Patient Access Services 781-624-4329  
**For Home Care Division:** Patient Accounts 781-624-7564  
**For South Shore Medical Center:** Patient Accounts 781-624-7001  
**For South Shore Health Urgent Care:** 781-626-5167

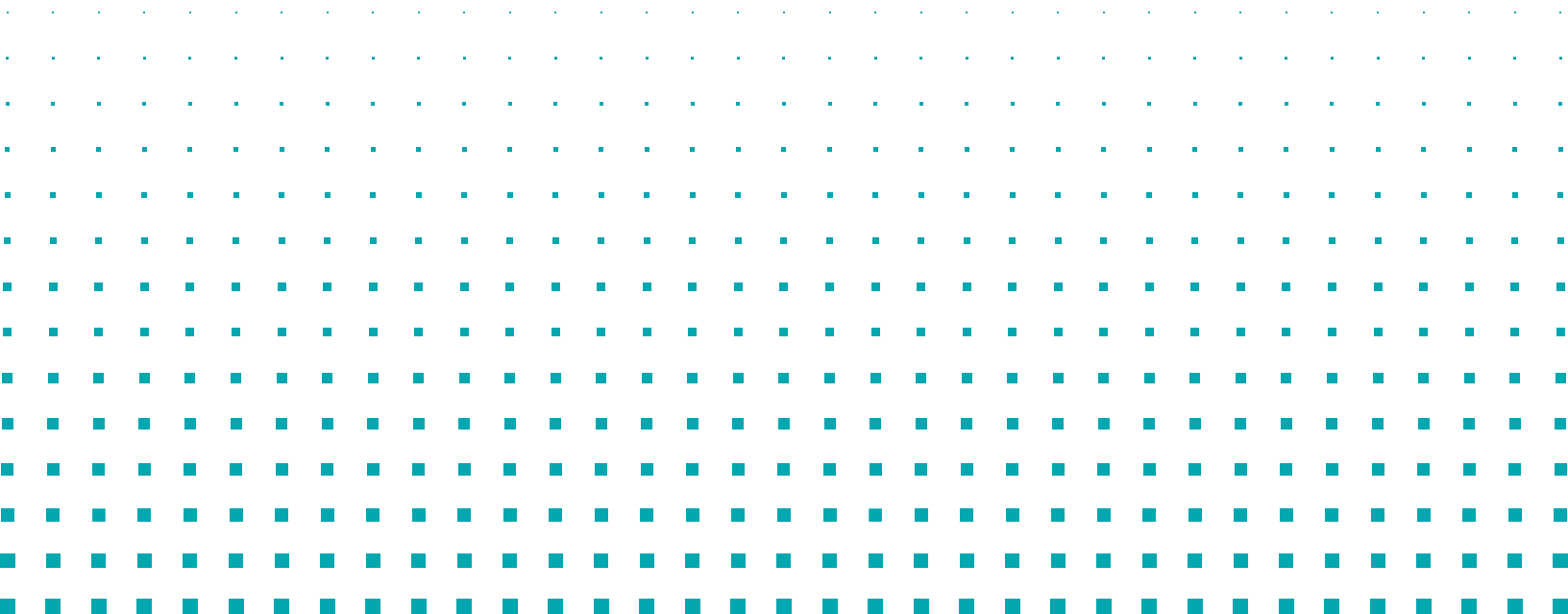
# APPENDIX

South Shore Health System is an integrated health care delivery system consisting of South Shore Hospital, South Shore Visiting Nurse Association, South Shore Health Urgent Care, Coastal Medical Associates d/b/a South Shore Physician Ambulatory Enterprise, and South Shore Medical Center.



**South Shore Health**

55 Fogg Road, South Weymouth, MA 02190  
Phone: 781-624-8800 | [SouthShoreHealth.org](http://SouthShoreHealth.org)



## **NOTICE INFORMING INDIVIDUALS ABOUT NONDISCRIMINATION AND ACCESSIBILITY**

South Shore Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity; and sex stereotypes.

South Shore Health does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

South Shore Health:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services 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 assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Patient Experience Department at (781) 624-8888 | TTY (781) 624-8898 between the hours of 8:30 AM and 5:30 PM EST. For inquiries outside of these hours, please call (781) 624-8000.

If you believe that South Shore Health 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 South Shore Health's 1557 coordinator by calling (781) 624-8801 or emailing [compliance@southshorehealth.org](mailto:compliance@southshorehealth.org).

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.isf> or by mail or telephone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington DC 20201

1-800-368-1019, 800-537-7697 (TDD)

Compliant forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

This notice is also available on South Shore Health's website: <https://www.southshorehealth.org/>

## Notice of Availability

### English:

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 781-624-8888 (TTY: 781-624-8898).

### Arabic

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة أو (1-781-624-8898) 781-624-8888 لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1 "تحدث إلى مقدم الخدمة".

### Cambodian (Khmer):

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 781-624-8888 (TTY: 781-624-8898)។

### 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 1-781-624-8888 (TTY : 1-781-624-8898)。

### French:

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-781-624-8888 (ATS : 1-781-624-8898).

### Greek:

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 781-624-8888 (TTY: 781-624-8898).

### Gujarti:

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 781-624-8888 (TTY: 781-624-8898).

### Haitian Creole:

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 781-624-8888 (TTY: 781-624-8898).

### Hindi:

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 781-624-8888 (TTY: 781-624-8898 पर कॉल करें।)

### Italian:

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 781-624-8888 (TTY: 781-624-8898).

**Polish:**

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 781-624-8888 (TTY: 781-624-8898).

**Portuguese:**

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 781-624-8888 (TTY: 781-624-8898).

**Russian:**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-781-624-8888 (телетайп: 1-781-624-8898).

**Spanish:**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 781-624-8888 (TTY: 781-624-8898).

**Vietnamese:**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 781-624-8888 (TTY: 781-624-8898).

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