



**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**Our Pledge Regarding Your Medical Information**

Your medical information is personal, and St. Bernard Parish Hospital is committed to keeping this information confidential. Maintaining a record of the care and services you receive at the hospital and clinic enables us to provide you with quality care and comply with certain legal requirements. This notice applies to all records of your care generated at St. Bernard Parish Hospital, including the clinics and medical staff.

In addition, there may be instances where St. Bernard Parish Hospital will share your protected health information with members of our Organized Health Care Arrangement as allowed under HIPAA regulations and as necessary to carry out treatment, payment or health care operations. These members include patient care settings affiliated with the St. Bernard Parish Hospital, and all medical staff, employees, volunteers, trainees, students, and other personnel providing services as employed by these facilities. St. Bernard Parish Hospital may elect to participate in secure health information networks designed and developed to promote healthcare continuity.

Your healthcare information may be included in these HIPAA compliant secure networks and accessed only by healthcare personnel involved in the delivery or payment of your healthcare services. You have the right to opt out of these exchanges. If you choose to opt out of the exchanges, you will be excluded from all of the exchanges that St. Bernard Parish Hospital participates in. To opt out of the health information exchanges please contact St. Bernard Parish Hospital's Patient & Provider Advocacy department.

This notice details the ways in which we may use and disclose medical information about you, describes your rights and explains certain obligations we have regarding the use and disclosure of your medical information. All other uses and disclosures of your medical information may only occur with your permission, which you have a right to revoke at any time. Additionally, if your doctor is not a member of the physician practice that is owned by St. Bernard Parish Hospital, he or she may have different policies about how to handle your information and a separate notice.

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to your medical information;
- Notify you following a breach affecting your unsecured protected health information; and
- Follow the terms of the notice that is currently in effect.

***How St. Bernard Parish Hospital May Use and Disclose Your Medical Information***

The following categories describe the different ways St. Bernard Parish Hospital may use your health information within the hospital or clinic and how we will release your health information to

persons outside the organization. We have not listed every use or release of information within the categories, but all permitted uses will fall within one of the following categories:

**Treatment.** St. Bernard Parish Hospital may use your medical information to provide treatment or services. We may disclose your medical information to doctors, nurses, technicians, medical students, or other hospital/clinic personnel who are involved in your care.

For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes to ensure meals are appropriate.

Hospital or clinic departments may share medical information about you to coordinate prescriptions, lab work, and x-rays. St. Bernard Parish Hospital may also use technologies that process your health information, including clinical decision support tools and technologies with artificial intelligence capabilities, to support your treatment and care. St. Bernard Parish Hospital may also disclose your medical information to individuals outside the facility who may be involved in your care.

**Payment.** St. Bernard Parish Hospital may use and disclose your medical information to bill for the treatment and services you receive at our facilities and to collect payments from an insurance company, a third party or you.

For example, your health plan may require specific information about surgery you received at the hospital to pay St. Bernard Parish Hospital or reimburse you. We may also tell your health plan about a treatment you will receive to obtain prior approval or determine whether the treatment is covered by your plan.

**Hospital/Clinic Operations.** St. Bernard Parish Hospital may use and disclose your medical information to measure and ensure the quality of hospital/clinic operations.

For example, St. Bernard Parish Hospital may use medical information to:

- Review treatment and services received to assess the performance of our staff in caring for you;
- Combine medical information about multiple hospital or clinic patients to decide which additional services we should offer, which are not needed and whether certain new treatments are effective;
- Educate doctors, nurses, technicians, medical students, and other hospital/clinic personnel;
- Compare medical information at St. Bernard Parish Hospital with other healthcare providers to improve the care and services we offer; or
- Comply with laws and regulations or for hospital accreditation purposes.

St. Bernard Parish Hospital, and its authorized vendors may remove information that identifies you from your medical information and share this de-identified information with others who may use it to study healthcare and healthcare delivery, among other things. De-identified information may also be used with artificial intelligence, including to develop and train models and algorithms.

**Business Associates.** St. Bernard Parish Hospital may use and disclose your medical information to business associates who perform services on our behalf. The business associate must agree in writing to protect the confidentiality of the information. For example, we may share your health information with a company that bills for the services we provide or provides technology and related services,

including artificial intelligence capabilities and training, used by us in the course of your care and in our operations.

**Treatment Alternatives.** St. Bernard Parish Hospital may use and disclose your medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services.** St. Bernard Parish Hospital may use and disclose your medical information to contact you to remind you that you have an appointment for treatment or medical care.

**Health-related Benefits and Services.** St. Bernard Parish Hospital may use and disclose your medical information to tell you about health-related benefits or services that may be of interest to you.

**Fundraising Activities.** St. Bernard Parish Hospital may use and disclose your medical information to the Ochsner Philanthropy Department, and they may contact you in an effort to raise money for our organization. You have the right to opt out of fundraising communications from St. Bernard Parish Hospital. To be removed from the Fundraising list, please call us at 504-842-7117, email us at [philanthropy@ochsner.org](mailto:philanthropy@ochsner.org), or contact us by mail:

Ochsner Philanthropy  
1514 Jefferson Highway, 1E617  
New Orleans, LA 70121

**Hospital Directory.** St. Bernard Parish Hospital may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, general condition (e.g., fair, stable, etc.), and religious affiliation (if provided). The directory information (excluding your religious affiliation) may be released to people who ask for you by name so your family and friends can visit you in the hospital and find out how you are doing. Upon admission to an St. Bernard Parish Hospital as an inpatient you will be asked if you would like your information in the facility directory. If you do not want your information listed in the directory, please notify the Patient Access Representative.

**Individuals Involved in Your Care.** St. Bernard Parish Hospital may discuss medical information about you with a friend or family member who is involved in your medical care. We may also tell your family or friends about your condition and that you are in the hospital. We may disclose medical information about you to an entity assisting in a disaster relief effort to inform your family of your condition, status, and location. In addition, we may disclose information to a patient representative or someone who has the legal right to make medical decisions for you. Only the information that directly relates to that person's involvement in your health care will be shared. We may use or disclose your medical information to notify or assist in notifying (including identifying and locating) a family member, personal representative, or any other person that is responsible for your care about your location, general condition, or death.

**Research.** St. Bernard Parish Hospital is an academic medical center that conducts research to improve medical care and treatment. Under certain circumstances, St. Bernard Parish Hospital may use and disclose your medical information for research purposes.

For example, a research project may involve reviewing medical records to compare the health and recovery of all patients who received one medication with those who received another for the same condition.

All research projects, however, are subject to a special approval process. This process includes an evaluation to balance research needs with privacy concerns. The research project must be approved before St. Bernard Parish Hospital will use or disclose any medical information with one exception: your medical information may be disclosed to people preparing to conduct a research project.

Researchers may contact you regarding your interest in participating in certain research studies after receiving your authorization (permission) or approval of the contact from a special review board. Enrollment in those studies may only occur after you have been informed about the study, had an opportunity to ask questions, and indicated your willingness to participate by signing an authorization form.

For example, information may be needed to identify patients with specific medical needs. This is permitted; however, the medical information must remain within our institution.

**Required By Law.** St. Bernard Parish Hospital will disclose medical information about you when required to do so by federal, state, or local law. For example, St. Bernard Parish Hospital will release information to comply with the law regarding reporting deaths.

**To Avert a Serious Threat to Health or Safety.** St. Bernard Parish Hospital may use and disclose your medical information to prevent a serious threat to your health and safety or to the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Disaster-relief efforts.** St. Bernard Parish Hospital may disclose medical information about you to an organization assisting with a disaster relief effort in order to notify your family about your condition, status, and location.

**To You or Your Personal Representative.** We may disclose your PHI to you, or a representative appointed by you or designated by applicable law.

### ***Special Situations***

**Organ and Tissue Donation.** St. Bernard Parish Hospital may release your medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans.** If you are a member of the armed forces, St. Bernard Parish Hospital may release your medical information as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation.** St. Bernard Parish Hospital may release your medical information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**Public Health Risks.** St. Bernard Parish Hospital may disclose your medical information for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;

- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- If directed by the public health authority, to disclose information to a foreign government agency that is collaborating with the public health authority;
- To report to appropriate government authorities' adverse events related to food, medications or products;
- To enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance, as required by and
- To notify the appropriate government authority if we believe a patient has been the victim of child or elder abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities.** St. Bernard Parish Hospital may disclose your medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, St. Bernard Parish Hospital may disclose your medical information in response to a court or administrative order or in the defense of a malpractice claim arising out of care provided by us. We may disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

**Coroner, Medical Examiners and Funeral Directors.** St. Bernard Parish Hospital may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to enable them to carry out their duties.

**Law Enforcement.** St. Bernard Parish Hospital may release your medical information if asked by a law enforcement official for the following reasons:

- In response to a court order, subpoena, warrant, summons or similar process;
- Limited information to identify or locate a suspect, fugitive, material witness or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the hospital or clinic; and
- In emergency circumstances to report a crime, the location of the crime or victims or the identity, description or location of the person who committed the crime.

**National Security and Intelligence Activities.** St. Bernard Parish Hospital may release your medical information to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

**Protective Services for the President and Others.** St. Bernard Parish Hospital may disclose your medical information to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or conduct special investigations.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, St. Bernard Parish Hospital may release your medical information to the correctional institution or law enforcement official. This information would be released for the Health Insurance Portability & Accountability Act (HIPAA) Notice of Privacy Practices – Reviewed March 2026

following uses: (1) to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) to ensure the safety and security of the correctional institution.

### ***Situations that Require Your Written Authorization***

**Marketing.** St. Bernard Parish Hospital may ask you to sign an authorization to use or disclose protected health information as part of a marketing effort. The authorization will state if St. Bernard Parish Hospital is receiving any direct or indirect financial remuneration for the marketing. The authorization is not necessary for face-to-face communications about a product or service and/or communications made:

- To describe health-related products or services that are provided by St. Bernard Parish Hospital;
- For your treatment; or
- For case management or care coordination, or to direct or recommend alternative treatments, therapies, providers, or settings of care.

**Sale of PHI.** St. Bernard Parish Hospital may not sell protected health information unless authorized by you. An authorization is not needed if the purpose of the exchange is for:

- Your treatment;
- Public Health Activities;
- Research purposes where the price charged reflects the cost of preparation and transmittal of the information;
- Healthcare operations related to the sale, merger, or consolidation of a covered entity;
- Performance of services by a business associate on behalf of a covered entity;
- Providing the individual with a copy of the PHI maintained about him/her; or
- Other reasons determined necessary and appropriate by the Secretary.

**Disclosure of Psychotherapy Notes.** Disclosure of Psychotherapy Notes will be done in accordance with Louisiana state law. In most cases this will require an authorization signed by you.

### ***Your Rights Regarding Medical Information About You***

The HIPAA Privacy Rule provides individuals with rights in regard to their protected health information. If you have any questions regarding your patient rights or wish to make a patient rights request, please see the addresses listed at the end of this section. The request should be sent to St. Bernard Parish Hospital Patient & Provider Advocacy Department. Under the HIPAA Privacy Rule, you have the following rights regarding medical information that we maintain about you:

**Right to Inspect and Copy.** You have the right to inspect and request copies of medical information that may be used to make decisions about your care. Usually, this includes medical and billing records but does not include psychotherapy notes.

To inspect and receive copies of medical information that may be used to make decisions about your care, you must submit your request in writing to St. Bernard Parish Hospital Patient & Provider Advocacy department where you were treated. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. If you request a copy in electronic format, we must provide the information in an electronic format. If there are any fees for the costs of creating this format, we may charge you for them.

In certain limited circumstances, we may deny your request to inspect and copy. If you are denied access to your medical information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by the facility will review your request and the denial. The person conducting the review will not be the person who denied your request, and St. Bernard Parish Hospital will comply with the outcome of the review.

**Right to Request Amendment or Addendum.** If you feel that medical information we have in your record is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the facility.

To request an amendment, your request must be made in writing, and you must provide a reason that supports your request. All amendment requests should be sent to the Patient & Provider Advocacy department at St. Bernard Parish Hospital, where you received your care.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. If we deny your request, we will explain why. In addition, we may deny your request if you ask us to amend information:

- Not created by us;
- Not part of the medical information kept by or for the hospital/clinic;
- Not part of the information which you would be permitted to inspect and copy; or
- That is accurate and complete.

If we deny your request to amend, you may be permitted to provide a statement that you disagree with a specific part of the record.

**Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures St. Bernard Parish Hospital made of your medical information.

This list may not include disclosures made:

- To carry out treatment, payment, or health care operations;
- To you or your personal representative;
- Incident to another permitted use or disclosure;
- To parties you authorize to receive your medical information;
- To those who request your information through the hospital directory;
- To your family members, other relatives or friends who are involved in your care, or who otherwise need to be notified of your location, general condition, or death;
- As part of a “limited data set;” or
- For national security or law enforcement purposes.

To request this list or accounting of disclosures, you must submit your request in writing to The Patient & Provider Advocacy Department at St. Bernard Parish Hospital, where you receive your care. Your request must state a time period, which may not be older than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronic).

The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information St. Bernard Parish Hospital uses or discloses about you for treatment, payment, or hospital/clinic operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for

your care, such as a family member or friend. For example, you could ask that we not disclose information about a surgery you had.

We are not required to agree to your request, unless your request is for a restriction on health information sent to your health plan for payment or health care operations where you have paid the **full cost** of the service to which the information related. If we do agree to your request, our agreement must be in writing, and we will comply unless the information is needed to provide you with emergency treatment or required by law.

To request restrictions, you must make your request in writing to St. Bernard Parish Hospital Patient & Provider Advocacy Department. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) what you want to limit: for example, disclosure to your spouse. In cases of services paid in full, the request for a restriction must occur prior to the service being provided and proof of payment in full for the service must be submitted with the request.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to The Patient & Provider Advocacy Department at St. Bernard Parish Hospital, where you receive your care. We will not ask you for the reason for your request. St. Bernard Parish Hospital will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to Notification of a Breach of Unsecured Protected Health Information.** Under certain circumstances, you have the right to or will receive notifications of breaches of your unsecured protected health information.

**Right to a Paper Copy of this Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of the 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, contact St. Bernard Parish Hospital Patient & Provider Advocacy Department.

Ochsner Health  
Patient & Provider Advocacy Department  
1514 Jefferson Highway  
New Orleans, LA 70121  
1-844-959-4327

## **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you, as well as any information we receive in the future. We will post a copy of the current notice in the hospital and clinic. The notice will contain the effective date on the first page.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with our institution or with the Secretary of the United States Department of Health and Human Services. To file a complaint with St. Bernard Parish Hospital, please contact the St. Bernard Parish Hospital's Patient & Provider Advocacy Department

You will not be penalized for filing a complaint.

Health Insurance Portability & Accountability Act (HIPAA) Notice of Privacy Practices – Reviewed March 2026

## OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide St. Bernard Parish Hospital permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. The request should be sent to the Patient & Provider Advocacy Department. If you revoke your permission, St. Bernard Parish Hospital will no longer use or disclose your medical information for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provide to you.

## WHO MUST FOLLOW THIS NOTICE

This notice describes our hospital and clinic's practices and those of:

- Any healthcare professional authorized to enter information into your hospital/clinic chart;
- All departments and units of the hospital and clinic;
- Any member of a volunteer group we allow to help you while you are in the hospital; and
- All employees, staff, and other hospital/clinic personnel.

In addition, these entities, sites, and locations may share medical information with each other for treatment, payment or hospital/clinic operations purposes described in this notice.

If you have any questions about this notice, please contact:

Ochsner Health  
Compliance and Privacy Department  
Attn: Privacy Officer  
1450 Poydras-Suite 500  
New Orleans, LA 70112  
Telephone Number: 504.842.9323

St. Bernard Parish Hospital complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

### Attention:

Language assistance services are available 24/7, free of charge, via over-the-phone and video remote interpreters. If you need an interpreter, please call 833-896-6586. For more information, please visit: <https://www.ochsner.org/patients-visitors/patient-services/language-and-translation-services>

### Arabic

تتوفر خدمات المساعدة اللغوية على مدار الساعة طوال أيام الأسبوع، مجاناً، وذلك من خلال مترجمين شفهيين عبر الهاتف أو الفيديو عن بعد. إذا كنت بحاجة إلى مترجم، يرجى الاتصال على الرقم 6586-896-833. لمزيد من المعلومات، يرجى زيارة الموقع التالي: <https://www.ochsner.org/patients-visitors/patient-services/language-and-translation-services>

## Chinese (Simplified)

全天候免费提供语言援助服务，包括电话或视频通话远程口译。如果需要口译员，请致电833-986-6586。欲了解更多信息，请访问：<https://www.ochsner.org/patients-visitors/patient-services/language-and-translation-services>

## Farsi

خدمات ترجمه شفاهی 24 ساعته، رایگان، از طریق تلفن و مترجم ویدیویی از راه دور در دسترس است. اگر به مترجم نیاز دارید، لطفاً با شماره 6586-896-833 تماس بگیرید. برای اطلاعات بیشتر لطفاً به آدرس زیر مراجعه کنید: <https://www.ochsner.org/patients-visitors/patient-services/language-and-translation-services>

## French

Les services d'assistance linguistique sont disponibles 24h/24-7j/7. Vous pouvez faire appel à un interprète gratuitement par téléphone ou par visioconférence. Si vous avez besoin d'un interprète, appelez le 833-896-6586. Pour plus d'informations, visitez le site web <https://www.ochsner.org/patients-visitors/patient-services/language-and-translation-services>

## German

Sprachassistentendienste sind 24/7 kostenlos von Telefon- und Video-Dolmetscher verfügbar. Wenn Sie eine Dolmetscherin oder einen Dolmetscher benötigen, rufen Sie bitte 833-896-6586 an. Weitere Informationen finden Sie unter: <https://www.ochsner.org/patients-visitors/patient-services/language-and-translation-services>

## Japanese

多言語サポートサービスは、電話およびビデオによる遠隔通訳により、年中無休で無料でご利用いただけます。通訳が必要な場合は、833-896 6586までお電話ください。詳細についてはこちらをご覧ください。 <https://www.ochsner.org/patients-visitors/patient-services/language-and-translation-services>

## Korean

언어 지원 서비스는 전화 및 화상 원격 통역사를 통해 연중무휴 24시간 무료로 제공됩니다. 통역이 필요하시면 833-896-6586으로 전화해 주세요. 자세한 내용은 여기를 참조하세요: <https://www.ochsner.org/patients-visitors/patient-services/language-and-translation-services>

## LAO

ມີບໍລິການຊ່ວຍເຫຼືອທາງພາສາໃຫ້ບໍລິການ 24 ຊົ່ວໂມງທຸກມື້ ໂດຍບໍ່ເສຍຄ່າ ຜ່ານທາງໂທລະສັບແລະວິດີໂອທາງໄກຈາກນາຍແປພາສາ. ຖ້າທ່ານຕ້ອງການນາຍພາສາ, ກະລຸນາໂທຫາ 833-896-6586. ສໍາລັບຂໍ້ມູນເພີ່ມເຕີມ, ກະລຸນາຢ້ຽມຊົມ: <https://www.ochsner.org/patients-visitors/patient-services/language-and-translation-services>

## Portuguese

Os serviços de assistência de idiomas estão disponíveis 24 horas por dia, 7 dias por semana, gratuitamente, por meio de interpretação remota por telefone e vídeo. Se você precisar de um intérprete, ligue para o número: 833-896-6586. Para obter mais informações, acesse: <https://www.ochsner.org/patients-visitors/patient-services/language-and-translation-services>

## Russian

Услуги по языковой помощи предоставляются бесплатно 24/7 через телефонных и видеопереводчиков. Если вам нужен переводчик, звоните по телефону 833-896-6586. Дополнительную информацию можно получить на сайте: <https://www.ochsner.org/patients-visitors/patient-services/language-and-translation-services>

## Spanish

Ofrecemos servicios de asistencia lingüística gratis las 24 horas, todos los días de la semana, con interpretación remota por teléfono o video. Si necesita un intérprete, llame al 833-896-6586. Si necesita más información, ingrese en <https://www.ochsner.org/patients-visitors/patient-services/language-and-translation-services>

## Tagalog

Available ang mga serbisyo ng tulong sa wika 24/7, nang walang bayad, sa pamamagitan ng telephono at mga video remote na tagapagsalin. Kung kailangan mo ng tagapagsalin, mangyaring tumawag sa 833-896-6586. Para sa karagdagang impormasyon, pakibisita ang: <https://www.ochsner.org/patients-visitors/patient-services/language-and-translation-services>

## Thai

มีบริการช่วยเหลือด้านภาษาพร้อมให้บริการตลอด 24 ชั่วโมงทุกวัน ไม่เสียค่าใช้จ่ายใดๆ ด้วยบริการสามทางโทรศัพท์และวิดีโอทางไกล หากคุณต้องการสาม โปรดโทร 833-896-6586 สำหรับข้อมูลเพิ่มเติม โปรดไปที่: <https://www.ochsner.org/patients-visitors/patient-services/language-and-translation-services>

## Urdu

زبان کی مدد کی خدمات بلا معاوضہ، فون اور ویڈیو ریموٹ ترجمانوں کے ذریعے، 24/7 دستیاب ہیں۔ اگر آپ کو مترجم کی ضرورت ہو، تو براہ کرم 833-896-6586 پر کال کریں۔ مزید معلومات کے لیے، براہ کرم وزٹ کریں۔

<https://www.ochsner.org/patients-visitors/patient-services/language-and-translation-services>