

# NOTICE OF PRIVACY PRACTICES



**SANFORD**  
HEALTH

## NOTICE OF PRIVACY PRACTICES

THIS NOTICE OF PRIVACY PRACTICES (“NOTICE”) APPLIES TO SANFORD HEALTH, THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY, MARSHFIELD CLINIC HEALTH SYSTEM, AND ALL SUBSIDIARIES (“SANFORD HEALTH”).

THIS NOTICE DESCRIBES:

- HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
- 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). IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT SANFORD HEALTH’S PRIVACY OFFICE AT 1-800-325-9402. YOU MAY ALSO EMAIL YOUR QUESTIONS TO [privacyoffice@sanfordhealth.org](mailto:privacyoffice@sanfordhealth.org).

THE TERMS OF THIS NOTICE APPLY TO ALL HEALTH INFORMATION GENERATED OR RECEIVED BY SANFORD HEALTH, WHETHER RECORDED IN OUR BUSINESS RECORDS, YOUR MEDICAL RECORD, BILLING INVOICES, PAPER FORMS, OR IN OTHER WAYS.

## HOW WE USE AND DISCLOSE YOUR HEALTH INFORMATION

We use or disclose your health information as follows  
(In Minnesota we will obtain your prior consent):

- **Help manage the health care treatment you receive:**  
We may use your health information to provide care and share it with others who are treating you. For example, your provider may disclose your health information to a specialist for the purpose of a consultation.
- **Pay for your health services:** We may use and share your health information to bill and obtain payment for the health care services you receive. For example, we send information about you to your health insurance plan so it will pay for your services. We may also disclose your health information to other health care providers for their payment purposes.
- **For our health care operations:** We may use and share your health information for our day-to-day operations, to improve your care, and contact you when necessary. For example, we may use your medical information to review our treatment and services so we can evaluate how to improve our quality of care. We may disclose your information to medical students and other hospital staff for their education. We may also disclose your health information to other health care providers for their health care operations.

We may share your health information in the following situations unless you tell us otherwise. If you are not able to tell us your preference, we may go ahead and share your information if we believe it is in your best interest or needed to lessen a serious and imminent threat to health or safety:

- **Directories:** We may maintain a directory that includes your name and location within the facility, general information about your condition (fair, serious, etc.) and religious designation. We may disclose all but your religious designation to any person who asks for you by name. Members of the clergy may obtain all directory information.

- **Friends and Family:** We may disclose to your family and close personal friends any health information directly related to that person's involvement in your care or payment for your care.
- **Disaster Relief:** We may disclose your health information to disaster relief organizations in an emergency so your family can be notified about your condition and location.

We may also use and share your health information for other reasons without your prior consent:

- **When required by law:** We will share information about you if state or federal law require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law. This may include disclosing information about victims of abuse, neglect, or domestic violence.
- **Law enforcement:** We may share information for law enforcement purposes, such as when a crime is committed at one of our facilities. This includes sharing information to help locate a suspect, fugitive, missing person or witness.
- **For public health and safety:** We can share information in certain situations to help prevent disease, assist with product recalls, report adverse reactions to medications, and to prevent or reduce a serious threat to anyone's health or safety.
- **Lawsuits and legal actions:** We may share information about you in response to a court or administrative order, or in response to a subpoena.
- **Organ and tissue donation:** We can share information about you with organ procurement organizations.
- **Medical examiner or funeral director:** We can share information with a coroner, medical examiner, or funeral director when an individual dies.
- **Workers' compensation, correctional institutions and other government requests:** We can share information with employers for workers' compensation claims. We also share information with correctional institutions about their inmates. Information may also be shared with health oversight agencies when authorized by law, and other special government functions such as military, national security and presidential protective services.

- **Research:** We can use or share your information for certain research projects that have been evaluated and approved through a process that considers a member's need for privacy.

We may contact you in the following situations:

- **Appointment reminders:** To remind you of appointments with us.
- **Treatment options:** To provide information about treatment alternatives or other health related benefits or Sanford Health services that may be relevant to your care.
- **Fundraising:** We may contact you about fundraising activities, but you can tell us not to contact you again.

## YOUR RIGHTS THAT APPLY TO YOUR HEALTH INFORMATION

When it comes to your health information, you have certain rights.

- **Get a copy of your health and claims records:** You can ask to see or get a paper or electronic copy of your health and claims records and other health information we have about you. We will provide a copy or summary to you usually within thirty (30) calendar days of your request. We may charge a reasonable, cost-based fee. Access may be denied in some circumstances, such as to psychotherapy notes or when a certain law prohibits your access. In some circumstances you may have this decision reviewed.
- **Ask us to correct your health and claims records:** You can ask us to correct health information that you think is incorrect or incomplete. We may deny your request, but we'll tell you why in writing. These requests should be submitted in writing to the contact listed below.
- **Request confidential communications:** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. Reasonable requests will be approved.
- **Ask us to limit what we use or share:** You can ask us to restrict how we share your health information for treatment, payment, or our operations. We are not

required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information with your health insurer for the purpose of payment or our operations. We will say “yes” unless a law requires us to share that information.

- **Get a list of those with whom we’ve shared information:**

You can ask for a list (accounting) of the times we’ve shared your health information for six (6) years prior, who we’ve shared it with, and why. We will include all disclosures except for those about your treatment, payment, and our health care operations, and certain other disclosures (such as those you asked us to make). We will provide one (1) accounting a year for free, but we will charge a reasonable cost-based fee if you ask for another within twelve (12) months.

- **Get a copy of this privacy notice:** You can ask for a paper copy of this Notice at any time, even if you have agreed to receive it electronically. We will provide you with a paper copy promptly.

- **Choose someone to act for you:** If you have a designated health care agent or medical power of attorney, or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

- **File a complaint if you feel your rights are violated:** You can complain to the U.S. Department of Health and Human Services Office for Civil Rights if you feel we have violated your rights. We can provide you with their address. You can also file a complaint with us by using the contact information below. We will not retaliate against you for filing a complaint.

**Contact Information:**

Sanford Health  
Privacy Office – Route 5809  
PO Box 5039  
Sioux Falls, SD 57117-9884  
(800) 325-9402

## OUR RESPONSIBILITIES REGARDING YOUR HEALTH INFORMATION

- We are required by law to maintain the privacy and security of your health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your health information.
- We must follow the duties and privacy practices described in this Notice and offer to give you a copy.
- We will not use, share, or sell your information for marketing or any purpose other than as described in this Notice unless you tell us to in writing. You may change your mind at any time by letting us know in writing.

## CONFIDENTIALITY OF SUBSTANCE USE DISORDER RECORDS

We may provide specialized substance use disorder treatment at certain facilities that is protected by federal law 42 CFR Part 2 (a “Part 2 Program”). Patient records at a Part 2 Program, testimony about those records, or the fact an individual has been treated at a Part 2 Program may not be disclosed to persons outside the Part 2 Program unless:

1. The patient consents in writing;
2. The disclosure is allowed by a court order or required by other state or federal law;
3. The disclosure is needed for treatment in a medical emergency; or
4. The disclosure is related to a crime committed at a Part 2 Program, or required for suspected child abuse or neglect reporting.

You may agree to provide a general consent allowing us to disclose Part 2 Program records for treatment, payment, and health care operations. You may also choose to revoke a previous general consent subject to certain limitations.

## CALLING, TEXTING, AND EMAILING

We may contact you about your care using the phone numbers and email addresses that you provide to us. This may include using an automated phone dialing system, pre-recorded or synthetic voice messages, texting, or email. When we contact you in this manner, you will be given the opportunity to opt out of receiving similar communications going forward. Because texts and emails are not encrypted, there is a risk that someone else could read or access these messages. We therefore take steps to limit the amount of health information that they contain. You may choose to opt out of these messages at any time.

## NOTICE OF AFFILIATED COVERED ENTITY DESIGNATION

Sanford Health, Marshfield Clinic Health System, The Evangelical Lutheran Good Samaritan Society, Lewis Drug, Sanford Health Plan, and Security Health Plan as covered entities under common ownership and control, have designated themselves and subsidiaries as a single covered entity for purposes of the Health Insurance Portability and Accountability Act (HIPAA). Sanford Health Plan and Security Health Plan share and receive health information about members with the affiliated covered entity participants for treatment and other purposes as allowed by HIPAA and applicable law.

## NOTICE OF SHARED RECORD

As affiliated covered entities, the participants may share records to support information sharing and operations as allowed by HIPAA and applicable law.

## NOTICE OF ORGANIZED HEALTH CARE (OHCA) ARRANGEMENT

Sanford Health, Marshfield Clinic Health System, The Evangelical Lutheran Good Samaritan Society, Lewis Drug, Sanford Health Plan, Security Health Plan, and subsidiaries participate in an Organized Health Care Arrangement (OHCA) under HIPAA. This OHCA allows the participating entities to share information about members and patients to promote joint operations allowed under HIPAA related to treatment, payment, and health care operations.

Sanford Health, the independent contractor members of the medical staff at Sanford Health facilities, and other health care providers directly affiliated with Sanford Health have agreed, as permitted by law, to share your medical record and health information among themselves for the purposes of treatment, payment, and health care operations.

## CHANGES TO THIS NOTICE

We may change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request and online at [www.sanfordhealth.org](http://www.sanfordhealth.org).

## EFFECTIVE DATE

This Notice of Privacy Practices is effective February 15, 2026.

# NOTICE OF AVAILABILITY

**English:** Sanford Health provides language services for Americans with Disabilities and Limited English Proficient individuals at no cost. Please contact your care facility for more information.

Sanford Health will take reasonable steps to ensure that persons with limited English Proficiency (LEP) and persons with disabilities, including persons who are deaf, hard of hearing, blind, or have other sensory or manual impairments have meaningful communication and an equal opportunity to participate in services, education, and treatment.

**Amharic:** Sanford Health ለአካል ጉዳተኞች እና ለተገደበ የእንግሊዘኛ ችሎታ ላላቸው አሜሪካውያን ያለ ምንም ወጪ የቋንቋ አገልግሎቶችን ይሰጣል። ተጨማሪ መረጃ ለማግኘት እባክዎን የእንክብካቤ ተቋማችሁን ያነጋግሩ።

Sanford Health የተወሰነ የእንግሊዘኛ ችሎታ (limited English Proficiency፣ LEP) ያላቸው ሰዎች እና አካል ጉዳተኞች፣ መስማት የተሳሳቸው፣ ለመስማት የሚቸገሩ፣ ዓይነ ስውራን ወይም ሌሎች የስሜት ህዋሳት ወይም የእጅ እክል ያለባቸው ሰዎች ትርጉም ያለው ግንኙነት እንዲኖራቸው እና በአገልግሎቶች፣ በትምህርት እና በህክምና ውስጥ እኩል ዕድል እንዲኖራቸው ለማረጋገጥ ምክንያታዊ እርምጃዎችን ይወስዳል።

**Arabic:** تقدم مؤسسة Sanford Health الخدمات اللغوية مجاناً إلى الأمريكيين من ذوي الإعاقة والأفراد ذوي الكفاءة المحدودة في اللغة الإنجليزية. يُرجى التواصل مع مرفق الرعاية الخاصة بك للحصول على المزيد من المعلومات.

Sanford Health ستتخذ خطوات معقولة لضمان تمكين الأشخاص ذوي الكفاءة المحدودة في اللغة الإنجليزية (LEP) والأشخاص من ذوي الإعاقة، بما في ذلك الصم، أو ضعاف السمع، أو المكفوفين، أو من لديهم إعاقات حسية أو حركية أخرى من التواصل الفعال والحصول على فرصة متكافئة للمشاركة في الخدمات، والتعليم، والعلاج.

**Bosnian:** Sanford Health pruža jezičke usluge osobama s invaliditetom i osobama s ograničenim znanjem engleskog jezika, bez ikakvih troškova. Molimo kontaktirajte svoju zdravstvenu ustanovu za više informacija.

Sanford Health će preduzeti razumne mjere kako bi osigurao da osobe s ograničenim znanjem engleskog jezika (LEP) i osobe s invaliditetom, uključujući osobe koje su gluhe, nagluhe, slijepe ili imaju druga senzorna ili motorička oštećenja, imaju smislen način komunikacije i jednaku priliku za učešće u uslugama, obrazovanju i liječenju.

**Burmese:** Sanford Health သည် မသန်စွမ်းဖြစ်နေသည့် အမေရိကန် များနှင့် အင်္ဂလိပ်စာကျွမ်းကျင်မှုတွင် အကန့်အသတ်ရှိနေသည့် လူပုဂ္ဂိုလ် များအတွက် ဘာသာစကားဝန်ဆောင်မှုများ ပံ့ပိုးပေးထားပါသည်။ ပိုမိုသိရှိ လိုပါက သင်၏ ပြုစုစောင့်ရှောက်မှု ဌာနသို့ ကျေးဇူးပြု၍ ဆက်သွယ်ပါ။

အင်္ဂလိပ်ကျွမ်းကျင်မှု အကန့်အသတ် (LEP) ရှိသည့် လူပုဂ္ဂိုလ်များနှင့် နားမကြားသူ၊ နားလေးသူ၊ မျက်စိမမြင်သူ သို့မဟုတ် တခြားအာရုံခံစားမှုဆိုင်ရာ သို့မဟုတ် ကိုယ်ကာယပိုင်းဆိုင်ရာ ထိခိုက်ချို့ယွင်းနေသူများအပါအဝင် မသန်စွမ်း ဖြစ်နေသည့် လူပုဂ္ဂိုလ်များအားလုံးအတွက် အပြည့်အဝပြောဆိုဆက်ဆံနိုင်ပြီး ဝန်ဆောင်မှုများ၊ ပညာရေးနယ်ပယ်နှင့် ပြုစုစောင့်ရှောက်မှုများတွင် တန်းတူ ညီမျှအခွင့်အရေးများရယူခံစားနိုင်စေရန်အတွက် Sanford Health က ကျိုးကြောင်းဆီလျော်သည့် လုပ်ဆောင်မှုများကို လုပ်ဆောင်ပေးသွားမှာဖြစ်ပါသည်။

**Chinese:** Sanford Health 为美国残障人士及英语能力有限人群免费提供语言服务。详情可咨询您就诊的医疗机构。

Sanford Health 将采取合理措施，确保英语能力有限人士(LEP)及残障人士（包括失聪、重听、失明人士，或存在其他感官、肢体障碍者）能够实现有效沟通，平等享有参与各项服务、教育及治疗的机会。

**French Canadian:** Sanford Health fournit gratuitement des services linguistiques aux Américains handicapés et aux personnes ayant une maîtrise limitée de l'anglais. Veuillez contacter votre établissement de soins pour plus d'informations.

Sanford Health prendra des mesures raisonnables pour garantir que les personnes ayant une maîtrise limitée de l'anglais (LEP ou Limited English Proficiency) et les personnes handicapées, y compris les personnes sourdes, malentendantes, aveugles ou souffrant d'autres déficiences sensorielles ou manuelles, puissent communiquer de manière significative et bénéficier d'une égalité d'accès aux services, à l'éducation et aux traitements.

**Haitian:** Sanford Health bay sèvis lang gratis pou Ameriken ki gen andikap ak moun ki pa pale Anglè byen. Tanpri kontakte sant swen w lan pou plis enfòmasyon.

Sanford Health ap pran dispozisyon rezonab pou asire l moun ki pa pale Anglè byen (Limited English Proficiency, LEP) ak moun ki andikape, tankou moun ki soud, ki gen pwoblèm pou tande, ki avèg, oswa ki gen lòt pwoblèm sansoryèl oswa manyèl, gen yon kominikasyon ki bay bon rezilta ak menm opòtinite pou yo patisipe nan sèvis, edikasyon ak tretman.

**Hmong:** Sanford Health muab kev pab txhais lus rau cov neeg Asmeskas uas muaj kev tsis taus thiab cov tib neeg Tsis Paub Lus Askiv Zoo yam tsis tas them nqi. Thov hu rau koj qhov chaw saib xyuas kom paub ntxiv.

Sanford Health yuav ua cov kauj ruam tsim nyog los xyuas kom meej tias cov neeg uas Tsis Paub Lus Askiv Zoo) (Limited English Proficient, LEP) thiab cov neeg uas muaj kev tsis taus, suav nrog cov neeg lag ntseg, hnov lus tsis zoo, dig muag, lossis muaj lwm yam kev tsis taus ntawm kev hnov lossis kev siv tes muaj kev sib txuas lus zoo thiab muaj lub sijhawm sib npaug zos los koom nrog cov kev pabcuam, kev kawm, thiab kev kho mob.

**Karen:** Sanford Health ဟုခေါ်သော တတ်တိစာမေးတဖန်လော့ ဘဉ်ဃးဒီးကျိန် တက်ကတိလော့ ပုၤအမဲရကတဖန်လော့ အိန်ဒီး နီၣ်ခိကွါဂီၤတဆူၣ်တကျါဒီး ပုၤတဖန်လော့ စံးကတိအဲကလံးကျိန် တသ့ဘဉ်တဖန်အဂီၢ် လော့လဲကလီၣ်န့ၣ်လီၤ. ဝံသးစူၤ ဆဲးကျိး န တက်ကရကရီလော့ကွါထွဲန့ၣ် လော့တဂီၢ်တကျါအဂီၢ်တဖန်အဂီၢ်တကွါ.

Sanford Health ကမဲၤဝဲဒဉ် တ်မၤအဆိတဖန်လော့အကြားအဘဉ် ဒ်သိးကမၤလီၤတံၢ်ဝဲဒဉ်လော့ ပုၤတဖန်လော့ အိန်ဒီး အဲကလံးကျိန် တ်သ့ဘဉ်တကျါအစူၤ (limited English Proficiency, LEP) ဒီး ပုၤတဖန်လော့အိန်ဒီး နီၣ်ခိကွါဂီၤတဆူၣ်တကျါ, ပဉ်ဃုာ်ဒီး ပုၤတဖန်လော့ အနံၤတအာ, အနံၤဃာ, အမဲၤတထံၣ်တံၢ်, မ့တမ့ၢ် အိန်ဒီး စ့ၣ်အတံၢ်သ့ၣ်ညါ မ့တမ့ၢ် စုၤအတံၢ်ဂံၢ်စာ်ဘါစာ် အဂီၢ်တဖန်န့ၣ် မၤန့ၣ်ဘဉ် တ်ဆဲးကျါဆဲးကျိးလော့ အလော့ပုၤဒီးအခီပညီ ဒီး အိန်ဒီးတခွဲးတံၢ်ယာ်တုၤသိးထဲသိး လော့ပဉ်ဃုာ်မၤသကိးတံၢ်လော့ တတ်တိစာမေးတဖန်, တက်ကူၣ်ဘဉ်ကူၣ်သ့ဒီး တက်ကူၣ်စာ်ဘါကျါအပူၤ အဂီၢ်န့ၣ်လီၤ.

**Korean:** Sanford Health는 장애가 있는 미국인 및 영어 구사 능력이 제한적인 개인에게 무료로 언어 서비스를 제공합니다. 자세한 내용은 이용 중인 의료기관에 문의해 주시기 바랍니다.

Sanford Health는 영어 구사 능력이 제한적인(Limited English Proficiency, LEP) 사람과 장애인(청각장애인, 난청인, 시각장애인 또는 기타 감각 장애 또는 수부 기능 장애가 있는 사람 포함)이 유의미한 의사소통을 하고 서비스, 교육, 치료에 동등하게 참여할 기회를 가질 수 있도록 합리적인 조치를 취할 것입니다.

**Kurdish:** Sanford Health ji bo Amerîkiyên Xwedî Astengi û kesên ku Zanîna wan a Îngilîzî Sînordar e, bê pere xizmetên ziman bêpere pêşkêş dike. Ji kerema xwe ji bo agahiyên zêdetir bi saziya xwe ya lênêrînê re têkiliyê daynin.

Sanford Health dê gavên maqûl biavêje da ku misoger bike ku kesên xwedî Zanîna sînordar a Îngilîzî (LEP) û kesên astengdar, kesên kerr, kêmbihîz, kor, an jî xwedî astengiyên din ên hestî an destan jî tê de, xwedî ragihandineke watedar û derfeteke wekhev bin ji bo beşdarbûna di xizmet, perwerde û dermankirinê de.



**Somali:** Sanford Health waxay siisaa adeegyada luuqada dadka Maraykanka ee Naafada ah iyo shaqsiyaadka Ingiriiskoodu xaddidan yahay ayadoon wax lacag ah laga qaadeyn. Fadlan la xariir xarunta daryeelkaaga si aad u hesho xog dheeraad ah.

Sanford Health waxay qaadi doontaa tallaabooyin macquul ah si ay u hubiso in dadka leh aqoon Ingiriiska ee xaddidan (limited English Proficiency, LEP) iyo dadka naafada ah, oo ay ku jiraan dadka dhegaha la', maqalka adag, indho la'aanta ah, ama dadka qaba naafonimada dareenka kale ama gacanta inay helaan xiriir macno leh iyo fursad loo siman yahay oo ay kaga qayb qaataan adeegyada, waxbarashada, iyo daryeelka.

**Spanish:** Sanford Health ofrece servicios de idioma para personas con discapacidades y para personas con dominio limitado del inglés (Limited English Proficient, LEP), sin costo alguno. Para obtener más información, comuníquese con su centro de atención.

Sanford Health tomará medidas razonables para garantizar que las personas con dominio limitado del inglés (LEP) y las personas con discapacidades, incluidas aquellas que son sordas, tienen pérdida auditiva, son ciegas o presentan otras discapacidades sensoriales o manuales, cuenten con una comunicación significativa y con igualdad de oportunidades para participar en los servicios, la educación y el tratamiento.

**Swahili:** Sanford Health hutoa huduma za lugha bila malipo kwa Wamarekani Wenye Ulemavu na Watu wenye Ujuzi mdogo wa lugha ya Kiingereza. Tafadhali wasiliana na kituo chako cha huduma za afya kwa maelezo zaidi.

Sanford Health itachukua hatua mwafaka kuhakikisha kuwa watu wenye ujuzi mdogo wa lugha ya Kiingereza (LEP) na watu wenye ulemavu, wakiwemo wasio na uwezo wa kusikia, wanaotatizika kusikia, wasio na uwezo wa kuona, au wenye ulemavu mwingine wa hisia au wa kimwili wanapata mawasiliano yaliyo wazi na yenye maana, pamoja na fursa sawa ya kushiriki kikamilifu katika huduma, elimu, na matibabu.

**Tagalog:** Nagbibigay ang Sanford Health ng mga serbisyo sa wika para sa mga taga-America na May mga Kapansanan (Americans with Disabilities) at mga indibidwal na May Limitadong Katatasan sa English (Limited English Proficient) nang libre. Pakikontak ang inyong pasilidad sa pangangala para sa higit pang impormasyon.

Gagawa ang Sanford Health ng mga makatwirang hakbang para masigurong ang mga taong May Limitadong Katatasan sa English (Limited English Proficiency o LEP) at mga taong may kapansanan, kabilang ang mga bingi, may problema sa pandinig, bulag, o may iba pang kapansanan sa pandamdang o sa kamay o braso, ay may makabuluhang pakikipag-ugnayan at pantay na oportunidad na makibahagi sa mga serbisyo, edukasyon, at pagpapagamot.

**Vietnamese:** Sanford Health cung cấp miễn phí các dịch vụ ngôn ngữ cho người Mỹ Khuyết Tật và những người có trình độ tiếng Anh hạn chế. Vui lòng liên hệ với cơ sở chăm sóc của quý vị để biết thêm thông tin.

Sanford Health sẽ thực hiện các biện pháp phù hợp để đảm bảo rằng những người có Trình Độ Tiếng Anh Hạn Chế (LEP) và những người khuyết tật, bao gồm những người không nghe được, khiếm thính, khiếm thị hoặc những người có khiếm khuyết khác về giác quan hoặc vận động, có được những thông tin trao đổi có ý nghĩa và có cơ hội bình đẳng để tham gia các dịch vụ, giáo dục và điều trị.

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