

Kev Muab Tshuaj Pov tseg Yam Muaj Kev Nyab Xeeb

Kev muab cov tshuaj uas tas sij hawm, tsis siv lawm, los sis tsis xav tau pov tseg yog qhov tseem ceeb rau txhua tus tib neeg! Txuas ntxiv no mus yog qee cov tswv yim txog txoj hauv kev ua kom ntseeg tau tias koj cov tshuaj tau txais kev muab pov tseg yam tsim nyog thiab kom sai.

Txoj Hauv Kev Tsis Raug Txog Kev Muab Cov Tshuaj Pov Tseg

- Tsis txhob muab cov tshuaj yang pov tseg hauv chav dej los sis cov kwj deg ntwis yam uas tsis tau mus saib FDA Daim Ntawv Teev Qhia Txog Kev Yang Tshuaj Pov Tseg.
 - Daim ntawv teev cov npe tshuaj uas tuaj yeem muab yang pov tseg tuaj yeem nrhiav tau nyob ntwam www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-fdas-flush-list-certain-medicines
- Tsis txhob muab cov tshuaj pov tseg rau hauv lub thoob khib nyiab yam uas tsis tau ua raws li cov kauj raum nyob rau sab hauv qab no.
- Cov tshuaj tuaj yeem ua rau muaj kev paug tsis huv rau hauv cov dej thiab/los sis ua rau muaj kev phom sij rau tib neeg thiab tsiaj txhu yog tias muab kev pov tseg yam tsis raug.

Txoj Hauv Kev Raug Txog Kev Muab Cov Tshuaj Pov Tseg

- Txoj hauv kev muab tshuaj pov tseg uas xav tau yog kev siv qhov chaw muab tshuaj pov tseg hauv zej zog, xws li lub khw muag tshuaj uas koom hauj lwm ua ke los sis nrog lub chaw yuam siv txoj cai lij choj hauv cheeb tsam, qhov uas koj tuaj yeem nqa tau cov tshuaj tuaj dawb.
 - Koj tuaj yeem tshawb nrhiav cov chaw nyob ze koj ntwam DEA lub vev xaib ntwam www.apps2.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e2s1 los sis kev siv qhov peev txheej kev pab www.disposemy meds.org/medicine-disposal-locator/
- Lub DEA muaj cov peev txheej kev pab xws li lub chaw hu xov tooj tuaj yeem hu rau tau ntwam 800-882-9539 los sis hauv oos lais ntwam www.deatakeback.com
 - Koj tuaj yeem pom cov kev xaiv uas yuav xa koj cov tshuaj mus rau cov chaw uas tau kev tso cai los sis cov ntsiab lus ntxaws hais txog phau ntawv qhia txog Hnub Xa Cov Tshuaj Hauv Daim Ntawv Sau Qhia Yuav Tshuaj Rov Qab Hauv Teb Chaws
- Ob qhov chaw hauv zej zog hauv koj cheeb tsam suav nrog:
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- Koj tuaj yeem muab cov tshuaj pov tseg hauv koj yim neeg lub thoob khib nyiab los ntwam kev siv cov kauj raum hauv qab no:
 - Tshem cov ntaub ntawv qhia paub ntiag tug tawm ntawm cov taub tshuaj los ntawm daim ntawv sau yuav tshuaj thiab muab cov tshuaj tawm ntawm lawv cov thawv ntim xub thawj
 - Muab cov tshuaj tso rau hauv ib lub thawv cia pov tseg xws li lub hnab yas
 - Muab cov tshuaj uas tsis zoo xws li cov quav kas fes, hmoov av, los sis quav miv mus rau hauv lub thawv ntim thiab tso nws rau hauv lub thoob khib nyiab

- Yog xav paub ntau ntxiv txog kev muab tshuaj pov tseg, thov mus saib hauv FDA lub vev xaib ntawm www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html
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Kev muab cov tshuaj pov tseg yam nyab xeeb yog qhov tseem ceeb rau txhua hom tshuaj suav nrog cov tshuaj hauv ntawv sau qhia yuav tshuaj uas muaj kev tswj thiab tsis muaj kev tswj, cov tshuaj yuav tau tom tej khw, thiab cov khoom noj pab txhawb ntxiv. Thov nco ntsoov muab cov tshuaj uas tsis xav tau lawm pov tseg kom sai li sai tau. Nws yog ib lub tswv yim zoo uas yuav mus tshawb xyuas koj cov tshuaj ntau zaub hauv ib lub xyoo kom pab tau koj thiab koj tsev neeg kom muaj kev nyab xeeb.

Ua tsaug rau kev koom tes hauv kev muab tshuaj pov tseg yam muaj kev nyab xeeb!

MSHO ntawm UCare yog ib txoj phiaj xwm kev kho mob uas cog lus nrog lub khoos kas Medicare thiab Minnesota Medical Assistance (Medicaid) los muab cov txiaj ntsig kev pab ntawm tag nrho ob lub khoos kas rau cov neeg tso npe nkag. Kev tso npe nkag rau hauv MSHO ntawm UCare yuav nce raws li kev tsim daim ntawv cog lus dua tshiab.

Toll free 1-800-203-7225, TTY 1-800-688-2534

Attention. If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သုဉ်ဟ်သးဘဉ်တက့ၢ်. ဖဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒဉ်လံာ် တီလံာ်မိတခါအံၤန့ၢ်,ကိးဘဉ်လိတဲစီနီၢ်ဂံၢ်လၢထးအံၤန့ၢ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງ ໂທສໂປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

Civil Rights Notice

Discrimination is against the law. UCare does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You can file a complaint and ask for help filing a complaint in person or by mail, phone, fax, or email at:

UCare

Attn: Appeals and Grievances

PO Box 52

Minneapolis, MN 55440-0052

Toll Free: 1-800-203-7225

TTY: 1-800-688-2534

Fax: 612-884-2021

Email: cag@ucare.org

Auxiliary Aids and Services: UCare provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. **Contact** UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

Language Assistance Services: UCare provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact** UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You may also contact any of the following agencies directly to file a discrimination complaint.

U.S. Department of Health and Human Services Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion (in some cases)

Contact the OCR directly to file a complaint:

Office for Civil Rights
U.S. Department of Health and Human Services
Midwest Region
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
Customer Response Center: Toll-free: 800-368-1019
TDD Toll-free: 800-537-7697
Email: ocrmail@hhs.gov

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights
540 Fairview Avenue North, Suite 201
St. Paul, MN 55104
651-539-1100 (voice)
800-657-3704 (toll-free)
711 or 800-627-3529 (MN Relay)
651-296-9042 (fax)
Info.MDHR@state.mn.us (email)

Minnesota Department of Human Services (DHS)

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- religion (in some cases)
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. We will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service