

Si Badbaado Leh u Tuuritaanka Daawooyinka

Si badbaado leh u tuurista daawooyinka dhacay, aan la isticmaalin, ama aan loo baahnayn waxay muhiim u tahay qof kasta! Halkan waxaa ku yaala fikrado ku saabsan sida loo xaqiijiyo in daawooyinkaaga si sax ah loo tuuro/qashinka loogu daro.

Habka Qaldan ee Loo Tuuro Dawooyinka

- Daawooyinka haku daadinin biyaha musqusha ama ha raacinin biyaha adiga oo aan eegin Liiska Falaash Gareynta Daawooyinka ee FDA.
 - Liiska daawooyinka la raacin karo biyaha musqusha waxaa laga heli karaa www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-fdas-flush-list-certain-medicines
- Daawooyinka ha ku ridin weelka qashinka adigoo raacin tillaabooyinka hoose.
- Daawooyinku waxay wasakhayn karaan biyaha iyo/ama waxay waxyeelayn karaan dadka iyo xoolaha haddii si khaldan loo tuuro

Habka Saxda ah ee Loo Tuuro Dawooyinka

- Habka la doorbidayo ee loo tuuri karo daawooyinka waa in la isticmaalo meesha ay bulshadu keento daawooyinka dhacay, sida farmashiyaha ka qaybqaadanaya barnaamijyada noocaas ah ama xarun sharci fulineed oo ku taala deegaanka, halkaas oo aad si lacag la'aan u keeni karto daawooyinka.
 - Waxaad websaydka DEA ka raadin kartaa goobaha kuu dhow www.apps2.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e2s1 ama adigoo isticmaalaya kheyraadka www.disposemy meds.org/medicine-disposal-locator/
 - DEA waxay leedahay kheyraad sida xarunta wicitaanka oo lagala xiriiri karo 800-882-9539 ama onlayn ahaan www.deatakeback.com
 - Waxaa laga yaabaa inaad heshid xulasho ah inaad dawooyinka boostada ugu diri karto goobaha la oggol yahay ama faahfaahin ku saabsan Maalinta Qaranka ee Dib-u-celinta Dawooyinka Dhakhtarka Qorey ee sannadlaha ah
 - Laba goobood oo ku yaala aaggaaga ah waxaa ka mid ah:
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 - Waxaad daawooyinka ku dari kartaa qashinka gurigaaga adigoo raacaya tallaabooyinka soo socda:
 - Dhalooyinka ka fuji/ka saar wixii macluumaad shakhsi ahaaneed ah oo daawooyinka ka gedi/ka saar weelka ay asal ahaan ku yimaadeen
 - Daawooyinka ku shub/ku rid weel la tuuri karo sida bac
 - Weelka ku qas walax aan loo baahnayn sida qashinka kafeega, wasakh, ama qashinka bisada kuna rid qashinka
 - Wixii macluumaad dheeraad ah oo ku saabsan asturidda/tuuritaanka daawooyinka, fadlan booqo websaydka FDA oo ah www.hhs.gov/opioids/prevention/safely-dispose-drugs/index.html
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Si badbaadado leh u tuurista daawooyinka waxay muhiim u tahay dhammaan noocyada daawooyinka oo ay ku jiraan daawooyinka la xakameeyo iyo kuwa aan la xakamaynin, daawooyinka farmashiyaha laga soo iibsado, iyo kuwa kaabista ahba. Fadlan xaqiijij inaad iskaga tuurto daawooyinka aan loo baahnayn sida ugu dhakhsaha badan ee suurtagalka ah. Waa fikrad aad u wanaagsan ah in aad dawooyinkaaga dulmar ku samayso dhawr jeer sannadkiiba si aad gacan uga gaysato ilaalinta badbaadadaada iyo badbaadada qoyskaaga.

Waad ku mahadsan tahay ka qaybqaadashada si badbaado leh u tuurista/u asturitaanka daawooyinka!

UCare's MSHO waa caymis caafimaad oo heshiis kula jira barnaamijka Medicare iyo Kaalmada Caafimaad ee Minnesota (Medicaid) si ay gunnooyinka labada barnaamij ay u gaarsiiyaan dadka ka diiwaangashan. Iska diiwaangelinta UCare's MSHO waxay ku xidhan tahay dib u cusboonaysiinta heshiiska.

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

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

ያስተውሉ፡ ካለምንም ክፍያ ይህንን ዶኩመንት የሚተረጎምሎ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

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.

ဟ်သူဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲန့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒဉ်လံာ် တီလံာ်မိတခါအံၤန့ၢ်,ကိးဘဉ်လိတဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၢ်တက့ၢ်.

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

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງ ໂທໂປຣໂປຣໂຟຣາຍເລກຂ້າງເທິງນີ້.

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