



NOTICE

MEANINGFUL ACCESS AND EQUAL OPPORTUNITY

Shopko provides meaningful access and equal opportunity to every person regardless of age, race, color, creed, religion, handicap (mental and physical), pregnancy, marital status, sex, sexual orientation, gender, gender identity, gender expression, national origin, genetic information, ancestry, citizenship, arrest record, conviction record, membership in any state or federal component of the military forces, veteran status, or use or nonuse of lawful products off Shopko premises, or any other characteristic protected by state or federal law to participate in our services, activities, programs or other benefits.

- Shopko provides free aids and services to people with disabilities to communicate effectively with us such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Shopko provides free language services to people whose primary language is not English, such as:
 - Information written or audio in other languages

If you need these services, contact **SHOPKO's HIPAA Privacy Office** (Contact information below).

If you believe that Shopko has failed to provide these services or discriminated in another way, you can file a grievance with:

SHOPKO HIPAA Privacy Office
700 Pilgrim Way, Green Bay WI 54304
1-866-369-HIPA (4472)/TTY number-711
Fax No. 1-920-429-4444
ShopkoPrivacyOffice@shopko.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Shopko Privacy Office is available to help you. 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.jsf>, or by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-868-1019, 1-800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocer/office/file/index.html>.

<p>ATTENTION: If you do not speak English, language assistance services, free of charge are available to you. Ask a Pharmacy or Optical staff member.</p>	
<p><u>Arabic</u> انتباه: إذا كنت تتحدث اللغة العربية، فإنّ خدمات المساعدة اللغوية المجانية متاحة لك. اطلب فردًا من الصيدلية أو من موظفي القسم البصري.</p>	<p><u>Korean</u> 주의: 한국어를 사용하시는 경우, 언어 지원 서비스가 무료로 제공됩니다. 약국이나 안경점 직원에게 문의하십시오.</p>
<p><u>Czech</u> UPOZORNĚNÍ: Pokud je vaším jazykem čeština, máte zdarma k dispozici asistenční služby ve svém jazyce. Vyžádejte si je u zaměstnance lékárny či optiky.</p>	<p><u>Polish</u> UWAGA: osoby mówiące po polsku mogą skorzystać z bezpłatnego wsparcia w swoim języku. Należy w tym celu zwrócić się do pracownika apteki lub sklepu optycznego.</p>
<p><u>German</u> ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen sprachliche Hilfsdienste kostenlos zur Verfügung. Fragen Sie einen Apotheken- oder Optikermitarbeiter.</p>	<p><u>Portuguese (Brazilian)</u> ATENÇÃO: caso fale português brasileiro, há serviços gratuitos de tradução disponíveis para você. Pergunte a um integrante da equipe de Farmácia ou Óptica.</p>
<p><u>Spanish (US)</u> ATENCIÓN: Si habla en español, hay servicios de asistencia de idioma disponibles sin costo. Pregunte a un miembro del personal de farmacia u óptica.</p>	<p><u>Russian</u> ВНИМАНИЕ: Если вы говорите по-русски, то вам могут быть предоставлены услуги переводчика. Попросите сотрудника отдела фармацевтики или оптики.</p>
<p><u>French (France)</u> AVERTISSEMENT : Si vous parlez français, un service d'aide linguistique est mis gratuitement à votre disposition. Demandez un de nos pharmaciens ou opticiens.</p>	<p><u>Vietnamese</u> XIN LƯU Ý: Nếu quý vị nói tiếng tiếng Việt, quý vị được sử dụng dịch vụ hỗ trợ ngôn ngữ miễn phí. Hãy hỏi nhân viên của Nhà thuốc hoặc Hiệu kính.</p>
<p><u>Hindi</u> सावधान: यदि आप हिंदी बोलते हैं, तो आपको भाषा सहायता सेवाएं नि:शुल्क उपलब्ध हैं। फार्मसी या ऑप्टिकल स्टाफ के किसी भी सदस्य से पूछें।</p>	<p><u>Chinese (T-US)</u> 注意：如果您講中文，我們可為您提供免費的語言協助服務。請諮詢藥房或光學部工作人員。</p>
<p><u>Hmong</u> THOV TSWM SEEB: Yog koj hais lus Hmoob, muaj cov kev pab txhais lus pub dawb rau koj. Nug Chav Muab Tshuaj los yog Txiav Tsom Iav Qhov Muag ib tus neeg ua hauj lwm.</p>	<p><u>Tagalog</u> PAUNAWA: Kung nagsasalita ka ng Tagalog, available para sa iyo nang libre ang mga serbisyo ng tulong sa wika. Magtanong sa isang miyembro ng staff ng Pharmacy o Optical.</p>
<p><u>Italian</u> ATTENZIONE: se parli italiano, sono disponibili gratuitamente servizi di assistenza linguistica. Chiedi a un dipendente dell'ottica o della farmacia.</p>	