



## NON-DISCRIMINATION AND ACCESSIBILITY NOTICE

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**Non-Discrimination Statement:** Costco Specialty Pharmacy complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or gender. We do not exclude people or treat them differently because of race, color, national origin, age, disability or gender. Our pharmacy provides free aid and services to help people with disabilities communicate effectively with us, including TTY services and written information in other formats (large print, audio, accessible electronic formats and other formats). Our pharmacy provides free language services to people whose primary language is not English, including qualified interpreters and information written in other languages. If you need these services, please contact our Privacy Office, at 425-313-8347.

**Filing a Grievance or Complaint:** If you believe that we have failed to provide these services or has discriminated in another way on the basis of race, color, national origin, age, disability or gender, you have the option to file a grievance. If you need help filing a grievance, please contact our Privacy Officer for assistance. You can file a grievance in person or by mail, fax or email at:

**Attn: Privacy Office**  
**Costco Wholesale**  
**999 Lake Drive, Issaquah, Washington 98027**

**Phone: 425-313-8347**  
**Fax: 855-847-3558**  
**Email: [healthcareprivacy@costco.com](mailto:healthcareprivacy@costco.com)**

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 at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](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, DC 20201**

**1-800-868-1019**  
**1-800-537-7697 (TDD)**

Complaint forms are available at: [www.hhs.gov/ocr/office/file/index.html](https://www.hhs.gov/ocr/office/file/index.html).



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ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1.855.847.3553 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.855.847.3553 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.855.847.3553 (TTY: 711)。

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.855.847.3553 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.855.847.3553 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.855.847.3553 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.855.847.3553 (TTY: 711) 번으로 전화해 주십시오.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.855.847.3553 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.855.847.3553 (رقم هاتف الصم والبكم: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.855.847.3553 (телетайп: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1.855.847.3553 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1.855.847.3553 (TTY: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1.855.847.3553 (TTY: 711) पर कॉल करें।

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.855.847.3553 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1.855.847.3553 (TTY: 711) まで、お電話にてご連絡ください。