



NOTICE OF NONDISCRIMINATION

Notice informing individuals about nondiscrimination and accessibility requirements

Effective Date: October 17, 2016

DISCRIMINATION IS AGAINST THE LAW

University HealthCare Alliance complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. University HealthCare Alliance does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

University HealthCare Alliance:

- 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)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the clinic where you received care at 510-581-2559 (TTY: 1-800-855-7100).

If you believe that University HealthCare Alliance has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Office of Patient Representation, Guest Services, Stanford Health Care, 300 Pasteur Drive, H1130, Stanford, CA 94305, Telephone: 650.498.3333, GuestServices@stanfordhealthcare.org. You can file a grievance in person, or by phone, mail or e-mail. If you need help filing a grievance, a representative in Guest Services 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, DC 20201

1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.510.581.2559 (TTY: 1.800.855.7100)**

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 **1.510.581.2559 (1.800.855.7100)**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1.510.581.2559 (TTY: 1.800.855.7100)**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1.510.581.2559 (TTY: 1.800.855.7100)**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1.510.581.2559 (TTY: 1.800.855.7100)**

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցություն ծառայություններ: Զանգահարեք **1.510.581.2559 (TTY: 1.800.855.7100):**

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1.510.581.2559 (TTY: 1.800.855.7100)** تماس بگیرید

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1.510.581.2559 (TTY: 1.800.855.7100)**

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。 **1.510.581.2559 (TTY: 1.800.855.7100)** まで、お電話にてご連絡ください。

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1.510.581.2559 (رقم هاتف الصم والبكم (TTY: 1.800.855.7100)**

ឆ្លើយសំណួរភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ **1.510.581.2559 (TTY: 1.800.855.7100)**

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau **1.510.581.2559 (TTY: 1.800.855.7100)**

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1.510.581.2559 (TTY: 1.800.855.7100)** पर कॉल करें।

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1.510.581.2559 (TTY: 1.800.855.7100)**