

NOTICE INFORMING INDIVIDUALS ABOUT NONDISCRIMINATION AND ACCESSIBILITY REQUIREMENTS

Sacramento Women's Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Sacramento Women's Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Sacramento Women's Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o 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:
 - o Qualified interpreters
 - o Information written in other languages
- If you need these services, contact Carol Nolasco

If you believe that Sacramento Women's Health 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: Carol Nolasco, Practice Administrator, 2277 Fair Oaks Blvd., Suite 355, Sacramento, CA 95825, 916-927-3104, Fax: 916-927-1488, Email: cnolasco@sacwomenshealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Carol Nolasco, Practice Administrator 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
1-800-368-1019, 800-537-7697 (TDD)

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

LIMITED ENGLISH PROFICIENCY OF LANGUAGE ASSISTANCE SERVICES

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-927-4357 or 1-877-696-6775.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-927-4357 or 1-877-696-6775.

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 1-800-927-4357 or 1-877-696-6775。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-927-4357 or 1-877-696-6775.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-927-4357 or 1-877-696-6775.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-927-4357 or 1-877-696-6775 번으로 전화해 주십시오.

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توجه: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-927-4357 or 1-877-696-6775 تماس بگیرید.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-927-4357 or 1-877-696-6775.

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。1-800-927-4357 or 1-877-696-6775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 1-800-927-4357-1 or 877-696-6775-1

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-927-4357 or 1-877-696-6775 'ਤੇ ਕਾਲ ਕਰੋ।

ប្រយ័ត្ន: ប៊ីសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្លូវភាសា ជាយមិនគិតលុយនូវ គឺអាចមានសំរាប់ប៊ីអ្នក។ ចូរ ទូរស័ព្ទ 1-800-927-4357 or 1-877-696-6775។

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-927-4357 or 1-877-696-6775.

ध्यान दें: यदि आप हदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-927-4357 or 1-877-696-6775 पर कॉल करें।

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-927-4357 or 1-877-696-6775.