

# NOTICE OF NON-DISCRIMINATION

This provider complies with applicable Federal civil rights laws and does not discriminate on the basis of age, race, color, national origin, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, or gender identity or expression. This provider does not exclude people or treat them differently because of age, race, color, national origin, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, or gender identity or expression. This provider:

- 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 the Risk Officer/ADA Coordinator at **SOUTHWEST SURGICAL SUITES**.

If you believe that this provider has failed to provide these services or discriminated in another way on the basis of age, race, color, national origin, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, or gender identity or expression, you can file a grievance with:

Risk Officer/ADA Coordinator

SOUTHWEST SURGICAL SUITES • 7920 W. JEFFERSON BLVD., SUITE 210, FORT WAYNE, IN 46804

PHONE 260-434-2022, FAX 260.434.2023, EMAIL INFO@SWSURGICALSUITES.COM

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Risk Officer/ADA Coordinator 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>.

**ATTENTION:** If you do not speak English, language assistance services, free of charge, are available to you.

## **Tagalog**

PAUNAWA: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo ng tulong sa wika.

## **Spanish**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

## **Korean**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

## **Hmong**

LUS CEEB TOOM: Yog tias koj hais lus Hmoob, kev pab cuamtxhais lus, yog pab dawb xwb.

## **Russian**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

## **Samoan**

MO LOU SILAFIA: Afai e te tautala i le Gagana Samoa, o loo iai auaunaga fesoasoani e fai fua, e leai se totagi mo oe

## **Chinese**

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。

## **Laotian**

ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາລາວ, ພວກເຮົາມີບໍລິການໃຫ້ຄວາມຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໄວ້ບໍລິການທ່ານ.

## **Japanese**

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。

## **Ilocano**

PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna ket sidadaan para kenyam.

## **Vietnamese**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

## **Ukrainian**

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби підтримки.

## **Thai**

เรียน: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี

## **German**

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

## **Polish**

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.