**NOTICE OF NONDISCRIMINATION**

**FOR A MEDICAL PRACTICE WITH 15 OR MORE EMPLOYEES**

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

     :

* 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

If you believe that      has failed to provide these services or discriminated in another way on basis of race, color, national origin, age, disability, or sex, you can file a grievance with:      ,      ,      ,      ,      ,      . You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance,       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>.