

NONDISCRIMINATION AND ACCESSIBILITY NOTICE AS REQUIRED BY ACA § 1557

Community Hospice of Northeast Florida, Inc.® d/b/a Community Hospice & Palliative Care (Community Hospice & Palliative Care) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Community Hospice & Palliative Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Community Hospice & Palliative Care 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)

Community Hospice & Palliative Care 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 Kenny Stevenson, Civil Rights Coordinator.

If you believe that Community Hospice & Palliative Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, Kenny Stevenson, Civil Rights Coordinator is available to help you. You can file a grievance with: Kenny Stevenson, Civil Rights Coordinator, in person or in writing at: 4266 Sunbeam Road, Jacksonville, Florida 32257. You may also file a grievance via telephone at 904.407.5033, via facsimile at 904.407.7880, or via electronic mail to CivilRightsCoordinator@CommunityHospice.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, 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>.

HOW TO GET HELP WITH OTHER LANGUAGES

ATTENTION: If need help or speak a non-English language call 904.407.5033 to be connected with an interpreter at no cost.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame 904.407.5033.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 904.407.5033.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 904.407.5033.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 904.407.5033.

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 904.407.5033。

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 904.407.5033.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 904.407.5033.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 904.407.5033.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية

تتوافر لك بالمجان. اتصل برقم 904.407.5033.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 904.407.5033.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 904.407.5033.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 904.407.5033.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 904.407.5033.

सुचना: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 904.407.5033.

เรียน:

ยาได้ฟรี โทร 904.407.5033

ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภา