

## **Alamitos, Brookshire, Fountain Valley, Lakewood & St. Mary IPAs Nondiscrimination Notice**

Alamitos, Brookshire, Fountain Valley, Lakewood & St. Mary IPAs comply with applicable Federal civil rights laws and do not discriminate on the basis of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation and gender identity or expression. Alamitos, Brookshire, Fountain Valley, Lakewood & St. Mary IPAs do not exclude people or treat them differently because of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation and gender identity or expression.

Alamitos, Brookshire, Fountain Valley, Lakewood & St. Mary IPAs:

- Provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:
  - qualified sign language interpreters, video remote interpreting or other aids for hearing impaired individuals
  - written information in multiple formats including large print, audio, accessible electronic formats, or other formats for visually impaired individuals
- Provide free language services to people whose primary language is not English, such as:
  - qualified interpreters or a language line
  - information written in other languages

If you need these services, contact Alamitos, Brookshire, Fountain Valley, Lakewood & St. Mary IPAs at 1-877-602-1563.

If you believe that Alamitos, Brookshire, Fountain Valley, Lakewood & St. Mary IPAs 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:

Compliance and Audit Manager

Alamitos, Brookshire, Fountain Valley, Lakewood & St. Mary IPAs  
Mailing Address: 10833 Valley View Street, Suite 300, Cypress, CA 90630

Phone: 562-602.1563 ext. 260

Email: [Pamela.Dorsey@coasthealthcare.net](mailto:Pamela.Dorsey@coasthealthcare.net)

You can file a grievance in person or by mail, phone or email. If you need help filing a grievance, Alamitos, Brookshire, Fountain Valley, Lakewood & St. Mary IPAs Compliance and Audit Manager 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> <<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>  
<<http://www.hhs.gov/ocr/office/file/index.html>>

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-602-1563.

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。請致電 1-877-602-1563。

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-602-1563.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-602-1563.

Korean: 주의: 한국어를 사용하시는 경우, 언어지원 서비스를 무료로 이용하실 수 있습니다. 1-877-602-1563 번으로 전화해 주십시오.

Armenian: ՈՒՇԱԴՐՈՒԹՅՈՒՆԵՐԸ խոսում եք հայերեն, ապա ձեզանվճար կարող են տրամադրվել անվճար աջակցության ծառայություններ: Չանգահարեք 1-877-602-1563:

Farsi: دش ابی مم هار فام ش ی ا ر ب ن ا گ ی ا ر ت ر و ص ب ی ن ا ب ز ت ا ل ی ه س ت، د ی ن ک ی م و گ ت ف گ ی س ر ا ف ن ا ب ز ه ب ر گ ا : ه ج و ت 1-877-602-1563 اب د ی ر ی گ ب س ا م ت 1563

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-602-1563.

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。1-877-602-1563 まで、お電話にてご連絡ください。

Arabic: 1-877-602-1563 مقرب لصتا. ن ا ج م ا ب ك ل ر ف ا و ت ت ة ي و غ ل ا د ع ا س م ا ت ا م د خ ن ا ف، ة غ ل ل ا ر ك ذ ا ش د ح ت ت ن ك ا ذ ا: ة ظ و ح ل م

Punjabi: ਧਿਆਨਦਿਓ: ਜੇਤੁਸੀਂ ਪੰਜਾਬੀਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾਵਿੱਚ ਸਹਾਇਤਾਸੇਵਾ ਤੁਹਾਡੇਲਈ ਮੁਫਤਉਪਲਬਧ ਹੈ। 1-877-602-1563 'ਤੇਕਾਲ ਕਰੋ।

Cambodian: ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់អ្នក។ ទូរស័ព្ទ 1-877-602-1563។

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-602-1563.

Hindi: ध्यानर्दे: यदिआप हिंदीबोलते हैंतो आपकेलिए मुफ्तमें भाषासहायता सेवाएंउपलब्ध हैं। 1-877-602-1563 पर कॉलकरें।

Thai: เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรีโทร 1-877-602-1563.