# NOTICE AND NON-DISCRIMINATION STATEMENT

**Willingboro Urgent Care, LLC #0957**
**dba - AFC Urgent Care Willingboro**

Business Entity Name *(referred to "we" here after in this notice)*

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

**We provide:**

- **Free aids and services to people with disabilities to communicate effectively with us, such as:**
  - **Qualified sign language interpreters**
  - **Written information in other formats**
- **Free language services to people whose primary language is not English, such as:**
  - **Qualified interpreter services**
  - **Information written in other languages**

**If you need these services, please notify clinic staff.**

If you believe that we have 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:

Name: Salvatore Lopresti Jr.
Phone: (856) 579-8897
Email: salloprestijr@afcurgentcare.com
Mailing Address: 1410 Delsea Drive, Deptford, NJ 08096

You can file a grievance in person or by mail, fax, or email. If you need help filing grievances contact: The Compliance Office as given above.

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. Phone: 1-800-368-1019, 800-537-7697 (TDD).

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

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# NEW JERSEY

## ENGLISH

**Point to your language. An interpreter will be called. The interpreter is provided at no cost to you.**

**Spanish** Español
Señale su idioma y llamaremos a un intérprete.
El servicio es gratuito.

**Vietnamese** Tiếng Việt
Hãy chỉ vào ngôn ngữ của quý vị. Một thông dịch viên sẽ được gọi đến, quý vị sẽ không phải trả tiền cho thông dịch viên.

**Korean** 한국어
귀하께서 사용하는 언어를 지정하시면 해당 언어 통역 서비스를 무료로 제공해 드립니다.

**Chinese**
請指認您的語言，以便為您提供免費的口譯服務。
请指认您的语言，以便为您提供免费的口译服务。

**Gujarati** ગુજરાતી
તમારી ભાષાનો ઉલ્લેખ કરો. દુભાષિયાને બોલાવી શકાશે. દુભાષિયાને બોલવવામાં તમારે ખર્ચ આપવો નહિ પડે.

**Portuguese** Português
Indique o seu idioma. Um intérprete será chamado. A interpretação é fornecida sem qualquer custo para você.

**Italian** Italiano
Indicare la propia lingua. Un interprete sarà chiamato.
Il servizio è gratuito.

**Arabic** عربي
أشر إلى لغتك. وسيتم الاتصال بمترجم فوري. كما سيتم إحضار المترجم الفوري مجانًا.

**Hindi** हिंदी
अपनी भाषा को इंगित करें। जिसके अनुसार आपके लिए दुभाषिया बुलाया जाएगा। आपके लिए द्भाषिया की निशुल्क व्यवस्था की जाती है।

**Russian** Русский
Укажите язык, на котором вы говорите. Вам вызовут переводчика. Услуги переводчика предоставляются бесплатно.

**Tagalog** Tagalog
Ituro po ang inyong wika. Isang tagasalin ang ipagkakaloob nang libre sa inyo.

**Haitian Creole (French Creole)** Kreyòl
Lonje dwèt ou sou lang ou pale a epi n ap rele yon entèprèt pou ou. Nou ba ou sèvis entèprèt la gratis.

**Polish** Polski
Proszę wskazać swój język i wezwiemy tłumacza.
Usługa ta zapewniana jest bezpłatnie.

**French** Français
Indiquez votre langue et nous appellerons un interprète. Le service est gratuit.

**Urdu** اُردو
اپنی زبان پر اشارہ کریں۔ ایک ترجمان کو بلاجائے گا۔
ترجمان کا انتظام آپ پر بغیر کسی خرچ کے کیا جائے گا۔

updated 9-7-18