



URGENT CARE
american family care®

NOTICE AND NON-DISCRIMINATION STATEMENT

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

American Family 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**
- **Provides 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 American Family Care 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:

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

1-800-368-1019, 800-537-7697 (TDD)

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



URGENT CARE american family care®



ENGLISH

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

Arabic

عربي

أشر إلى لغتك. وسيتم الاتصال بمترجم فوري. كما
سيتم إحضار المترجم الفوري مجاناً.

Khmer (Cambodian)

ខ្មែរ (កម្ពុជា)

សូមចង្អុលភាសាអ្នក។ យើងនឹងហៅអ្នកបកប្រែភាសាកម្ពុជា។
អ្នកបកប្រែភាសានឹងជួយអ្នកដោយមិនគិតថ្លៃ។

Cantonese

廣東話

請指認您的語言，
以便為您提供免費的口譯服務。

Korean

한국어

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

French

Français

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

Polish

Polski

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

Haitian 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.

Portuguese

Português

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

Greek

Ελληνικά

Δείξτε τη γλώσσα σας και θα καλέσουμε ένα
διερμηνέα. Ο διερμηνέας σας παρέχεται δωρεάν.

Russian

Русский

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

Gujarati

ગુજરાતી

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

Spanish

Español

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

Hindi

हिंदी

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

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.

Italian

Italiano

Indicare la propria lingua. Un interprete sarà chiamato.
Il servizio è gratuito.