

american family care®

The Right Care. Right Now.

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:

AFC Corporate Compliance Director 3700 Cahaba Beach Rd. Birmingham, AL 35242 205.380.5530 (p) complianceofficer@americanfamilycare.com

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.



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ALABAMA

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.

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

Korean 한국어 **율**과

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

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.

Arabic عربي

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

German Deutsch Zeigen Sie auf Ihre Sprache. Ein Dolmetscher wird angefordert. Der Dolmetscher ist für Sie kostenlos.

French Français 🖘

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

Gujarati ગુજરાતી <table-cell> ગુજરાતી જાગ તમારી ભાષાનો ઉલ્લેખ કરો. દુભાષિયાને બોલાવી શકાશે. દુભાષિયાને બોલવવામાં તમારે ખર્ચ આપવો નહિ પડે.

Tagalog Tagalog 🖘

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

Hindi Fiel SI

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

Laotian ພາສາລາວ 🖘 ຊັ້ນອກພາສາທີ່ເຈົ້າເວົ້າໄດ້. ພວກເຮົາຈະຕິດຕໍ່ນາຍພາສາໃຫ້.

ຊັບອກພາສາທີ່ເຈົ້າເວົ້າໄດ. ພວກເຮົາຈະຕິດຕໍ່ນາຍພາສາໃຫ້ ທ່ານບໍ່ຕ້ອງເສຍເງິນຄ່າແປໃຫ້ແກ່ນາຍແປພາສາ.

Russian Русский 🖘

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

Portuguese Português Findique o seu idioma. Um intérprete será chamado. A

interpretação é fornecida sem qualquer custo para você.

Turkish Türkçe SI Konuştuğunuz dili gösterin. Sizin için bir çevirmen aranacaktır. Bu çevirmen size ücretsiz sağlanır.

Japanese 日本語 **を** あなたの話す言語を指してください。

あなたの話す言語を指してください 無料で通訳サービスを提供します。