



**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](mailto: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>.





## GEORGIA


### 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.  
दुभाषियाने बोलववामां तमारे अर्थ आपवो नहि पडे.


**Amharic** አማርኛ   
ቋንቋዎትን ያመልክቱ። አስተርጓሚ ይጠራል።  
አስተርጓሚው በነጻ ይቀርብልዎለታል።


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


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


**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.


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

**Arabic** عربي   
أشر إلى لغتك. وسنم الاتصال بمترجم فوري. كما سيتم إحضار المترجم الفوري مجاناً.

**Farsi** فارسی   
زبان مورد نظر خود را مشخص کنید. یک مترجم برای شما درخواست خواهد شد. مترجم بصورت رایگان در اختیار شما قرار می گیرد.

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

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

**Japanese** 日本語   
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。