



NOTICE AND NON-DISCRIMINATION STATEMENT

Bloom 4532, LLC

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: Michael Weir
Phone:(970) 882-1403
Email: mweir@afcurgentcare.com
Mailing Address: 1942 E Main St, Cortez, CO 81321

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>.





COLORADO


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.

Chinese 
請指認您的語言，以便為您提供免費的口譯服務。
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Korean 한국어 
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.


Amharic አማርኛ 
ቋንቋዎን ያመልክቱ። አስተርጓሚ ይጠራል።
አስተርጓሚው በነጻ ይቀርብልዎለታል።


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


Farsi (Persian) فارسي 
زبان مورد نظر خود را مشخص کنید. یک مترجم برای شما درخواست
خواهد شد. مترجم بصورت رایگان در اختیار شما قرار می گیرد.


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


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


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

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。

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

Nepali नेपाली 
आफ्नो भाषातर्फ आँल्याउनुहोस्। एक दोभाषेलाई बोलाइनेछ।
तपाईंको बिना कुनै खर्चको, एकजना दोभाषे उपलब्ध गराइनेछ।

Oromo (Cushite) Oromo 
Gara afaan keetti eeri. Turjumaanni ni waamama.
Turjumaanni beesee takka malee siif qophaawa.

Yoruba Yorùbá 
Tọka sí èdè rẹ. A ó pè ògbùfọ kan.
Ọfẹ ni a ó pè ògbùfọ yìí fún ọ.