



## NOTICE AND NON-DISCRIMINATION STATEMENT

### Ronan Health, 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: Bob Reflogal  
Phone: (303) 396-7206  
Email: [breflogal@afcurgentcare.com](mailto:breflogal@afcurgentcare.com)  
Mailing Address: 12105 West Alameda Parkway Lakewood, CO 80228

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.

#### Tagalog

Tagalog 

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

#### 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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#### Russian

Русский 


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

#### Korean

한국어 

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

#### 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。

#### 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.

#### French

Français 


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

#### Amharic

አማርኛ 

ቋንቋዎን ያመልክቱ። አስተርጓሚ ይጠራል።  
አስተርጓሚው በነጻ ይቀርብልዎለታል።

#### Nepali

नेपाली 

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

#### Arabic

عربي 

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

#### Oromo (Cushite)

Oromo 

Gara afaan keetti eeri. Turjumaanni ni waamama.  
Turjumaanni beeseet takka malee siif qophaawa.

#### Farsi (Persian)

فارسی 

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

#### Yoruba

Yorùbá 

Tòka sí èdè rẹ. A ó pe ògbùfọ kan.  
Ọfẹ ni a ó pe ògbùfọ yí fún ọ.

#### German

Deutsch 

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