



## NOTICE AND NON-DISCRIMINATION STATEMENT

### Maria Medical Group, 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: Samrah Mansoor

Phone: (316) 440-2712

Email: [smansoor@afcurgentcare.com](mailto:smansoor@afcurgentcare.com)

Mailing Address: 3161 North Rock Road, Suite A, Wichita Kansas, 67226

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>.



## KANSAS

### 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.

#### 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.

#### 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.

#### 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.

#### Arabic

عربي 

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

#### 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。

#### Swahili

Kiswahili 


Onyesha lugha yako. Mkalimani ataitwa.  
Utapewa mkalimani bila gharama yoyote.

#### Hmong

Hmoob 

Taw rau koj hom lus. Yuav hu rau ib tug neeg txhais lus.  
Yuav muaj neeg txhais lus yam uas koj tsis tau them dab tsi.

#### Laotian

ພາສາລາວ 

ຊີ້ບອກພາສາທີ່ເຈົ້າເວົ້າໄດ້. ພວກເຮົາຈະຕິດຕໍ່ນາຍພາສາໃຫ້.  
ທ່ານບໍ່ຕ້ອງເສຍເງິນຄ່າແປໃຫ້ແກ່ນາຍແປພາສາ.

#### Tagalog

Tagalog 

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

#### Burmese

မြန်မာ 


သင့်ဘာသာစကားကို ညွှန်ပြပါ။ စကားပြန် ခေါ်ပေးပါမယ်။  
သင့်အတွက် စကားပြန် အခမဲ့ ပေးပါမယ်။

#### French

Français 

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

#### 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。

#### German

Deutsch 

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