

NOTICE AND NON-DISCRIMINATION STATEMENT

RapidHealth 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:Solherny Pangelinan Phone:832-650-0604 Email:spangelinan@afcurgentcare.com Mailing Address:2402 Bay Area Boulevard STE M, Clear Lake TX 77058

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.



TEXAS

B ENGLISH

Point to your language. An interpreter will be called. The interpreter is provided at no cost to you.

Spanish Señale su idioma y llam El servicio es gratuito.	Español aremos a un intérprete.	TEI	Hindi अपनी भाषा को इंगित करें। जिसके अनुसार आप बुलाया जाएगा।आपके लिए ढभाषिया की निशु	
Vietnamese Hãy chỉ vào ngôn ngữ của qu gọi đến, quý vị sẽ không phải	Tiếng Việt ý vị. Một thông dịch viên sẽ được trả tiền cho thông dịch viên.		Gujarati તમારી ભાષાનો ઉલ્લેખ કરો. દુભાષિયાને દુભાષિયાને બોલવવામાં તમારે ખર્ચ આ	ગુજરાતી ^૯ ૧ બોલાવી શકાશે. પવો નહિ પડે.
Korean 귀하께서 사용하는 언어틅 언어 통역 서비스를 무료.		FEI	Tagalog Ituro po ang inyong wika. Isar ipagkakaloob nang libre sa in	
Chinese 請指認您的語言, 您提供免費的口譯	以便為 请指认您的语言,以(Laotian ຂີ້ບອກພາສາທີ່ເຈົ້າເວົ້າໄດ້. ພວກເຮົາຈ ທ່ານບໍ່ຕ້ອງເສຍເງິນຄ່າແປໃຫ້ແກ່ນາຍ	
Russian Укажите язык, на котором вы г переводчика. Услуги переводч	Русский оворите. Вам вызовут иика предоставляются бесплатно.		Japanese 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。	
	ک اُردو اپنی زبان پر اشارہ کریں۔ ایڈ ترجمان کا انتظام آپ پر بغیر	E I	French Indiquez votre langue et nou interprète. Le service est grat	
	فارسي زبان مورد نظر خود را مشخص کنيد خواهد شد. مترجم بصورت رايگان د	FEI	German Zeigen Sie auf Ihre Sprache. E angefordert. Der Dolmetsche	
	عربي أشر إلى لغتك. وسيتم الاتصال سيتم إحضار المترجم الفوري ه	FEI		