



NOTICE AND NON-DISCRIMINATION STATEMENT

ISLAND URGENT CARE, PLLC

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: Paige Conway
Phone: 516-346-5090
Email: pconway@afcurgentcare.com
Mailing Address: 2310 Hempstead Tpke
East Meadow, NY, 11554

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>.



NEW YORK

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.

Bengali

বাংলা 

আপনার ভাষার দিকে নির্দেশ করুন। একজন দোভাষীকে ডাকা হবে। দোভাষী আপনি নিখরচায় পাবেন।

Urdu

اُردو 


اپنی زبان پر اشارہ کریں۔ ایک ترجمان کو بلاجائے گا۔
ترجمان کا انتظام آپ پر بغیر کسی خرچ کے کیا جائے گا۔

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.

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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Polish

Polski 


Proszę wskazać swój język i wezwiemy tłumacza.
Usługa ta zapewniana jest bezpłatnie.

Yiddish

ייִדיש 

ווייזט אן אויף אייער שפראך און מען וועט רופן אן איבערזעצער.
איר דארפט גארניט באצאלן פאר דער איבערזעצונג.

Italian

Italiano 

Indicare la propria lingua. Un interprete sarà chiamato.
Il servizio è gratuito.

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.

French

Français 

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

Albanian

Shqip 

Tregoni me gisht gjuhën tuaj. Do të thërrasim një përkthyes. Përkthyesi ofrohet falas për ju.

Greek

Ελληνικά 

Δείξτε τη γλώσσα σας και θα καλέσουμε ένα διερμηνέα. Ο διερμηνέας σας παρέχεται δωρεάν.

Arabic

عربي 

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