



NOTICE AND NON-DISCRIMINATION STATEMENT

Reform Health Management, LLC and Urgent Care Medicine, 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: Ashish Kapoor
Phone: (410) 956-3394
Email: akapoor@afcurgentcare.com
Mailing Address: 3059 Solomons Island Road
Edgewater, MD 21037

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>.



MARYLAND

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.

French

Français 

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

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 請指認您的語言，以便為
您提供免費的口譯服務。 您提供免費的口譯服務。

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.

Urdu

اُردو 

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

Yoruba

Yorùbá 

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

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.

Portuguese Português

Indique o seu idioma. Um intérprete será chamado. A
interpretação é fornecida sem qualquer custo para você.

Amharic አማርኛ

ቋንቋዎትን ያመልክቱ። አስተርጓሚ ይጠራል።
አስተርጓሚው በነጻ ይቀርብልዎለታል።

Tagalog Tagalog

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

Gujarati ગુજરાતી

તમારી ભાષાનો ઉલ્લેખ કરો. દુભાષિયાને બોલાવી શકાશે.
દુભાષિયાને બોલવવામાં તમારે ખર્ચ આપવો નહિ પડે.