

SETTING UP TRANSLATION SERVICE FLIER

* If you do not have Adobe Reader you will need to download it for free online:

<https://get.adobe.com/reader/>

STEP 1: Open this document in Adobe Reader.

STEP 2: On page 2, the legal Name of your franchise's Business Entity where indicated. Then edit in your entity or clinic's contact information including Name, phone number, email address and mailing address for the person who will handle correspondence for this service.

STEP 3: Review page 3 of your state language listing. If one of the 15 languages list no translation an editable text field has been placed in telling you to seek a local translator, who can translate the English version for you and assist you in finding a translation service to make arrangements with to be an available translator for that language. *See footnote.

STEP 4: Once all edits have been made to this document, **SAVE A COPY** of this PDF file **before closing** it so that your changes will save. Print pages 2-3 for use in the clinic.

*If Language Translation is missing on Page 3 of this PDF file, please flow in the translation for a missing local language over top of the text provided in the text editing field. The following should be translated by your local translator for this language:

Written in thier language: **Language Name**

Translate the following: **Point to your language. An interpreter will be called. The interpreter is provided at no cost to you.**

Please Note: Some foreign language fonts are not easily obtained and may use characters that will be difficult to obtain. Check with your local hospital to see how they have done this for their facility. It is possible that your local translator may need to hand write the language translation on a label to place onto a missing language if shown on Page 3. As of 2016, all missing languages are indicated by the Federal Government to be spoken in the home and most often these language speakers (above the age of 5) are able to speak English if living in the US. It is possible that the language is used in speech only. If that is the case, have your front desk call a local translator for that language to assist over the phone with the patient if needed.



NOTICE AND NON-DISCRIMINATION STATEMENT

Midlothian Family Care, 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: Jessica Kennedy

Phone: 804-379-1500

Email: jkennedy@afcurgentcare.com

Mailing Address: 12731 Stone Village Way, Midlothian, VA 23113

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>.




VIRGINIA


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.


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


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 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。

Hindi हिंदी 
अपनी भाषा को इंगित करें। जिसके अनुसार आपके लिए दूभाषिया
बुलाया जाएगा। आपके लिए दूभाषिया की निशुल्क व्यवस्था की जाती है।


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


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

Amharic አማርኛ 
ቋንቋዎትን ያመልክቱ። አስተርጓሚ ይጠራል።
አስተርጓሚው በነጻ ይቀርብልዎሉታል።

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

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.

Yoruba Yorùbá 
Tóka sí èdè rẹ. A ó pe ògbùfọ kan.
Ọfẹ ni a ó pe ògbùfọ yìí fún ọ.

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