

NOTICE AND NON-DISCRIMINATION STATEMENT

MHP Nolibs 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: Adam Cooper Phone: 484-243-6730 Email: ACooper@afcurgentcare.com Mailing Address: 48a E Ridge Pike Conshohocken, PA 19428

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.



PENNSYLVANIA

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.	E I	Pennsylvania Dutch Please provide a local transla	ator for this langua
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.	TE I	Portuguese Indique o seu idioma. Um inté interpretação é fornecida sem	
Korean 귀하께서 사용하는 언어틅 언어 통역 서비스를 무료		TE I	Polish Proszę wskazać swój język Usługa ta zapewniana jest	
Chinese 請指認您的語言, 您提供免費的口調	以便為 请指认您的语言,以便 服務。 您提供免费的口译服务。	为	German Zeigen Sie auf Ihre Sprache angefordert. Der Dolmetsch	
Russian Укажите язык, на котором вы п переводчика. Услуги перевод	Русский 🤉 говорите. Вам вызовут чика предоставляются бесплатно.	TSI .	Haitian Creole (Frence Lonje dwèt ou sou lang ou p entèprèt pou ou. Nou ba ou	pale a epi n ap rele y
Italian Indicare la propia lingua. Il servizio è gratuito.	Italiano 🗧 Un interprete sarà chiamato.	TE I	French Indiquez votre langue et n interprète. Le service est g	
Gujarati તમારી ભાષાનો ઉલ્લેખ કરો. દુલ દુભાષિયાને બોલવવામાં તમારે	ગુજરાતી <i>વ્હું</i> માષિયાને બોલાવી શકાશે. ખર્ય આપવો નહિ પડે.	ÊU	Khmer (Cambodian) សូមចង្អុលភាសាអ្នក។ យើងនឹងហៅអ្នកបកប្រែរ អ្នកបកប្រៃភាសានីងជួយអ្នកដោយមិនពិតថ្លៃ។	ខ្មែរ (កម្ភុវ កាសាមកជូន ។
	ے عربي أشر إلى لغتك. وسيتم الاتصال سيتم إحضار المترجم الفورى م	E.		