



## NOTICE AND NON-DISCRIMINATION STATEMENT

### Roanoke Valley Healthcare Partners, 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: Patricia Davidson

Phone: 540-774-0000

Email: [pdavidson1@afcurgentcare.com](mailto:pdavidson1@afcurgentcare.com)

Mailing Address: 602 Brandon Avenue SW, Suite 222  
Roanoke VA 24015

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

اُردو



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.