



## NOTICE AND NON-DISCRIMINATION STATEMENT

### **AR Medical Maesters LLC dba AFC Urgent Care Souderton**

*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:**Amanda Furiato

**Phone:** (610) 365-3354

**Email:** AFuriato@afcurgentcare.com

**Mailing Address:** 715-B Route 113 Souderton, PA 18964

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

### 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.

#### Pennsylvania Dutch



Please provide a local translator for this language.

#### 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.

#### Portuguese

Português 


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

#### Korean

한국어 

귀하께서 사용하는 언어를 지정하시면 해당 언어 통역 서비스를 무료로 제공해 드립니다.

#### Polish

Polski 

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

#### 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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#### German

Deutsch 

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

#### Russian


Русский 

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

#### 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.

#### Italian

Italiano 

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

#### French

Français 


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

#### Gujarati

ગુજરાતી 

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

#### Khmer (Cambodian)

ខ្មែរ (កម្ពុជា) 

សូមបង្ហាញភាសាអ្នក។ យើងនឹងហៅអ្នកបកប្រែភាសាមកជូន។  
អ្នកបកប្រែភាសានឹងជួយអ្នកដោយមិនគិតថ្លៃ។

#### Arabic

عربي 

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