

NOTICE AND NON-DISCRIMINATION STATEMENT

QMG5, 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: Leeanne Hatfield Phone: (203) 590-6330

Email: lhatfield@afcurgentcare.com Mailing Address: 57 Monroe Turnpike Trumbull, CT 06842

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.



CONNECTICUT

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.

Chinese 請指認您的語言,以便為 请指认您的语言,以便为

請指認您的語言,以便為 请指认您的语言,以便为 您提供免费的口譯服務。 您提供免费的口译服务。

 Korean
 한국어

 귀하께서 사용하는 언어를 지정하시면 해당

 언어 통역 서비스를 무료로 제공해 드립니다.

Vietnamese Tiếng Việt SI

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.

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

Haitian Creole (French Creole) Kreyòl Sul Lonje dwèt ou sou lang ou pale a epi n ap rele yon entèprèt pou ou. Nou ba ou sèvis entèprèt la gratis.

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

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

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

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

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

Albanian Shqip Tregoni me gisht gjuhën tuaj. Do të thërrasim një përkthyes. Përkthyesi ofrohet falas për ju.

Hindi हिंदी रूप अपनी भाषा को इंगित करें। जिसके अनुसार आपके लिए दुभाषिया बुलाया जाएगा।आपके लिए दभाषिया की निशल्क व्यवस्था की जाती है।

Greek Ελληνικά 🗐 Δείξτε τη γλώσσα σας και θα καλέσουμε ένα διερμηνέα. Ο διερμηνέας σας παρέχεται δωρεάν.