



## NOTICE AND NON-DISCRIMINATION STATEMENT

### Empathy Healthcare 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: Roshan Patel  
Phone: (563) 349-4810  
Email: [rpatel@afcurgentcare.com](mailto:rpatel@afcurgentcare.com)  
Mailing Address: 2705 E 53rd St. Davenport, IA 52807

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>.



## IOWA



### 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.

#### Russian

Русский

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

#### Korean

한국어

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

#### Arabic

عربي

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

#### Chinese



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

#### Serbian (Serbo-Croatian)

Српски

Покажите свој језик. Преводалац ће бити позван. Преводалац је за вас обезбеђен бесплатно.

#### Thai

ไทย

ช่วยชี้ที่ภาษาที่ท่านพูด แล้วเราจะจัดหาสามให้ท่าน  
การใช้สามไม่ต้องเสียค่าใช้จ่าย

#### Laotian

ພາສາລາວ

ຊີ້ບອກພາສາທີ່ເຈົ້າເວົ້າໄດ້. ພວກເຮົາຈະຕິດຕໍ່ນາຍພາສາໃຫ້.  
ທ່ານບໍ່ຕ້ອງເສຍເງິນຄ່າແປໃຫ້ແກ່ນາຍແປພາສາ.

#### Tagalog

Tagalog

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

#### Karen

ကညီကျိာ်

နဲၣ်လိၤဆူန့ၣ်က့ၢ်.တၢ်ကကိးပုၤက့ၢ်ထံၣ်တၢ်.  
တၢ်ဟ့ၣ်ပုၤက့ၢ်ထံၣ်တၢ်လၢတဆိၣ်ဒီးဆပူၤဆကလံၤဘၣ်.

#### French

Français

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

#### Hindi

हिंदी

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

#### German

Deutsch

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