

NOTICE AND NON-DISCRIMINATION STATEMENT

Suhas LLC dba AFC Urgent Care Mentor, OH

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: Compliance Officer Phone: (440) 701-8030

Email:

Mailing Address: 9110 Mentor Ave, Mentor, OH 44060

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.



OHIO

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.

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.

Korean

한국어 🐒

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

Chinese

BII

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

Oromo (Cushite)

Oromo 🐒

Gara afaan keetti eeri. Turjumaanni ni waamama. Turjumaanni beesee takka malee siif qophaawa.

Japanese

日本語 🐿

あなたの話す言語を指してください。 無料で通訳サービスを提供します。

Romanian

Română 🖘

Indicați limba pe care o vorbiți. Vi se va face legătura cu un interpret caare vă este asigurat gratuit.

Arabic

و عربی

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

Pennsylvania Dutch

B

Please provide a local translator for this language.

Russian

Русский 🐒

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

Ukranian

Українська 🐒

Вкажіть вашу мову. Вам викличуть перекладача. Послуги перекладача надаються безкоштовно.

Dutch

Nederlands 🖘

Wijs uw taal aan. Er zal contact worden opgenomen met een tolk. De service van de tolk is geheel gratis.

Italian

Italiano 🖘

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

French

Français 🖘

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

Deutsch 🖘

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