



NOTICE AND NON-DISCRIMINATION STATEMENT

Urgent Medical Care Management, 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: Compliance Officer

Phone: (630) 541-6679

Email: ca.willowbrook@afcurgentcare.com

Mailing Address: 980 Plainfield Rd, Willowbrook, IL 60527

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>.



ILLINOIS

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.

Greek

Ελληνικά 

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

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
سنم إحضار المترجم الفوري مجاناً.

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。

Urdu

اردو 


اپنی زبان پر اشارہ کریں۔ ایک ترجمان کو بلاجائے گا۔
ترجمان کا انتظام آپ پر بغیر کسی خرچ کے کیا جائے گا۔

Polish

Polski 

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

Italian

Italiano 

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

Tagalog

Tagalog 

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

Hindi

हिंदी 

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

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.

German

Deutsch 

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