



NOTICE AND NON-DISCRIMINATION STATEMENT

Garden State Medical Partners

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: (914) 460-7740

Mailing Address: 50 Westchester Avenue, Port Chester, NY 10601

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>.





NEW YORK


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.


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


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


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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Yiddish ייִדיש 
ווייזט אן אויף אייער שפראך און מען וועט רופן אן איבערזעצער.
איר דארפט גארניט באצאלן פאר דער איבערזעצונג.


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.


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


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


Bengali বাংলা 
আপনার ভাষার দিকে নির্দেশ করুন। একজন দোভাষীকে
ডাকা হবে। দোভাষী আপনি নিখরচায় পাবেন।


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

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

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.

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

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