

NOTICE AND NON-DISCRIMINATION STATEMENT

DRX Paramus, LLC & GT Urgent Care P.C.

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: Claudia Santos Phone: (973) 313-8484 Email: csantos@afcurgentcare.com Mailing Address: 1160 Rt 46, Parsippany, NJ 07054

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 JERSEY

B ENGLISH

Point to your language. An interpreter will be called. The interpreter is provided at no cost to you.

Spanish Señale su idioma y llama El servicio es gratuito.	Español 🖘 aremos a un intérprete.	Hindi अपनी भाषा को इंगित करें। जिसके अनुसार आपके लिए दुभाषिय बुलाया जाएगा। आपके लिए ढभाषिया की निशल्क व्यवस्था की प		TE.
Vietnamese Hãy chỉ vào ngôn ngữ của quý gọi đến, quý vị sẽ không phải t	Tiếng Việt 🖘 vị. Một thông dịch viên sẽ được rả tiền cho thông dịch viên.	Russian Ру Укажите язык, на котором вы говорите. Вам вызову переводчика. Услуги переводчика предоставляются		
Korean 귀하께서 사용하는 언어를 언어 통역 서비스를 무료로		TagalogTIturo po ang inyong wika. Isang tagasaliipagkakaloob nang libre sa inyo.	Fagalog n ang	- FE
Chinese 請指認您的語言, 您提供免費的口譯)	以便為 请指认您的语言,以便为 服務。 您提供免费的口译服务。	Haitian Creole (French Creole) Lonje dwèt ou sou lang ou pale a epi n ap entèprèt pou ou. Nou ba ou sèvis entèprè		
Gujarati તમારી ભાષાનો ઉલ્લેખ કરો. દુભ દુભાષિયાને બોલવવામાં તમારે ખ		Polish Proszę wskazać swój język i wezwiemy Usługa ta zapewniana jest bezpłatnie.	Polski tłumacza.	-
Portuguese Indique o seu idioma. Um ir interpretação é fornecida se	Português 🖘 ntérprete será chamado. A em qualquer custo para você.	French F Indiquez votre langue et nous appeller interprète. Le service est gratuit.	rançais ons un	Feb.
Italian Indicare la propia lingua. U Il servizio è gratuito.	Italiano 🐨	Urdu پر اشارہ کریں۔ ایک ترجمان کو بلاجائے گا۔ ا انتظام آپ پر بغیر کسی خرچ کے کیا جائے گا۔	' اُردو اپنی زبان ترجمان کا	FEI
	عربي أشر إلى لغتك. وسيتم الاتصال سيتم إحضار المترجم الفوري			