



## NOTICE AND NON-DISCRIMINATION STATEMENT

### Altair Health Care, 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: Daniel Ofosu  
Phone: (267) 645-4200  
Email: [DOfosu@afcurgentcare.com](mailto:DOfosu@afcurgentcare.com)  
Mailing Address: 1551 S. Valley Forge Road, Lansdale, PA 19446

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>.



## PENNSYLVANIA

### 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.

**Portuguese** Português   
Indique o seu idioma. Um intérprete será chamado. A interpretação é fornecida sem qualquer custo para você.

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

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

**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。

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

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

**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.

**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.

**Gujarati** ગુજરાતી   
તમારી ભાષાનો ઉલ્લેખ કરો. દુભાષિયાને બોલાવી શકાશે.  
દુભાષિયાને બોલવવામાં તમારે ખર્ચ આપવો નહિ પડે.

**Khmer (Cambodian)** ខ្មែរ (កម្ពុជា)   
សូមចង្អុលភាសាអ្នក ។ យើងនឹងហៅអ្នកបកប្រែភាសាមកជូន ។  
អ្នកបកប្រែភាសានឹងជួយអ្នកដោយមិនគិតថ្លៃ ។

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