



NOTICE AND NON-DISCRIMINATION STATEMENT

NepHealth PC dba AFC Urgent Care

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: Susheel Paudel

Phone: 617-395-4400

Email: spaudel@afcurgentcare.com

Mailing Address: 956 Boston Providence Highway, Norwood, MA 02062

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>.





MASSACHUSETTS


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.


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


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。


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


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


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

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.

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

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

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

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