



## NOTICE AND NON-DISCRIMINATION STATEMENT

### Sunshine Health 4531 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: AFC Grand Junction

Phone: [\(970\) 609-2001](tel:9706092001)

Email: [sandeep@afcurgentcare.com](mailto:sandeep@afcurgentcare.com)

Mailing Address: 995 Independent Ave, Grand Junction, CO 81505

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>.



## IDAHO

### 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.

#### 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.

#### 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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#### Serbian (Serbo-Croatian)

Српски 

Покажите свој језик. Преводалац ће бити позван.  
Преводалац је за вас обезбеђен бесплатно.

#### Tagalog

Tagalog 

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

#### French

Français 

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

#### German

Deutsch 

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

#### 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.

#### Russian

Русский 


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

#### Arabic

عربي 

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

#### Japanese

日本語 

あなたの話す言語を指してください。  
無料で通訳サービスを提供します。

#### Romanian

Română 


Indicați limba pe care o vorbiți. Vi se va face legătura cu un interpret caare vă este asigurat gratuit.

#### Ukrainian

Українська 

Вкажіть вашу мову. Вам викличуть перекладача. Послуги перекладача надаються безкоштовно.

#### Farsi (Persian)

فارسی 

زبان مورد نظر خود را مشخص کنید. یک مترجم برای شما درخواست خواهد شد. مترجم بصورت رایگان در اختیار شما قرار می گیرد.