NOTICE AND NON-DISCRIMINATION STATEMENT

American Family Care, Concord Medical Clinic

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: 925-384-0915
Email: concordteam@afcurgentcare.com
Mailing Address: 1257 Willow Pass Road, Concord, CA 94582

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.

CALIFORNIA

☞ 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.

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。

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

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.

Armenian Հայերէն ☞
Նշեք, թե որ լեզվով եք խոսում: Թարգմանիչ կկանչենք: Թարգմանչի ծառայությունները տրամադրվում են անվճար:

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

Farsi (Persian) فارسي ☞
زبان مورد نظر خود را مشخص کنید. یک مترجم برای شما درخواست خواهد شد. مترجم بصورت رایگان در اختیار شما قرار می گیرد.

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

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

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

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。

Hmong Hmoob ☞
Taw rau koj hom lus. Yuav hu rau ib tug neeg txhais lus.
Yuav muaj neeg txhais lus yam uas koj tsis tau them dab tsi.

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

Punjabi ਪੰਜਾਬੀ ☞
ਆਪਣੀ ਭਾਸ਼ਾ ਵੱਲ ਇਸ਼ਾਰਾ ਕਰੋ। ਜਿਸ ਮੁਤਾਬਕ ਇਕ ਦੁਭਾਸ਼ੀਆ ਬੁਲਾਇਆ ਜਾਵੇਗਾ। ਤੁਹਾਡੇ ਲਈ ਦੁਭਾਸ਼ੀਆ ਦੀ ਮੁਫਤ ਇੰਤਜ਼ਾਮ ਕੀਤਾ ਜਾਂਦਾ ਹੈ।

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