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people or treat them differently because of race, color, national origin, ago disability, or sex. We provide free aids and services to people with disabilities to communicate effectively with us, such as: HIPAA interpretation in written formout written information in large print, audio-accessible formats via www.HHS.gc 800#, electronic formats & hard copies.
We also comply with HIPAA Law to provide free HIPAA Translation to peop whose primary language is not English. For language translation, in the top 1 common languages we will have you call: 800-752-0093. Or please contact of HIPAA Officer for additional guidance on these translation links or other for mentioned communication aids at the phone number listed below.
If you believe that (<u>Healthcare Facility Name</u>) ha
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:
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Office Name: Office Address:
Office Address.
Office Phone:
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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

U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F HHH Building Washington, D.C. 20201 Phone: 800-368-1019 Fax: 800-537-7697

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Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

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