English Notice of Nondiscrimination

This medical practice complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This medical practice does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This medical practice:

| This medical practice. |
|---|
| Provides free aids and services to people with disabilities to communicate |
| effectively |
| with us, such as: |
| O Qualified sign language interpreters |
| O Written information in other formats (large print, audio, accessible electronic |
| formats, other formats) |
| • Provides free language services to people whose primary language is not English, |
| such |
| as: |
| O Qualified interpreters |
| Information written in other languages |
| If you need these services, contact the office administrator. If you believe that this medical practice has 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 the office administrator. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the office administrator is available to |
| help you. 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 |
| 1-800-368-1019, 800-537-7697 (TDD) |
| Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html. |