

NOTICE OF NONDISCRIMINATION

Discrimination is Against the Law

Matagorda County Hospital District (MCHD) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)) **MCHD** does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

MCHD:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Rocio Flores, Compliance Officer.

If you believe that **MCHD** 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:

Rocio Flores, Compliance Officer
104 7th street, Bay City, Texas, 77414
Local 1-979-241-5551, TTY- 1-800-735-2989, FAX, 1-979-241-5553
rflores@matagordaregional.org

You can file a grievance in person, mail, fax, or e-mail. If you need help filing a grievance, Rocio Flores, Compliance Officer 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>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-979-240-1503 (TTY: 1-800-735-2989). **CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-979-240-1503 (TTY: 1-800-735-2989). **注意:** 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-979-240-1503 (TTY: 1-800-735-2989) 。 **주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-979-240-1503 (TTY: 1-800-735-2989) 번으로 전화해 주십시오.)

800-735-2989- 1 مقرب لصنا. ناجملا ب كل رفاونت قيوغلا ةدعاسملا تامدخ نإف، ةغلا ركذا ثدحتت تنك اذا: فظوحم 1 1-979-240-1503 مكبلو مصلا فتاه 1 لاک - نيه بايتسد نيم تقم تامدخ يك ددم يك نابز وك پا وت، نيه ےتلوب ودرأ: 1503-240-979-1 رادربخ-1 (TTY: 1-800-7352989). **PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-979-240-1503 (TTY: 1-800-735-2989). **ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-979-240-1503 (ATS : 1-800-735-2989). **ध्यान द :** य द आप हदी बोलते ह तो आपके ि लए मफ्त म भाषा ध्यान द : य द आप हदी बोलते ह तो आपके ि लए मफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1-979-2401503 (TTY: 1-800-735-2989) पर कॉल कर । **هجوت** امش يارب ناگيار تروصب ي نابز تلايهست، دينك يم ا 6806 257 088 1: مهارف .ديريگب سامت اب .دشاب يم (TTY: 1-800-735-2989) وگتفگ يسراف نابز هب رگا: 1: **ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-979-240-1503 (TTY: 1-800-735-2989). **यना:** જો તમ જરાતી બોલતા હો, તો િન: ૯૬ ભાષા સહાય સવાઓ તમારા માટ ઉપલબ્ધ છ. ફોન કરો 1-979240-1503 (TTY: 1-800-735-2989). **ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-979-240-1503 (телетайп: 1-800-735-2989). **注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。 1-979-2401503 (TTY:1-800-735-2989) まで、お電話にてご連絡ください。 **ໂປດຊາບ:** ຖ້າວາ ທ່ານເວາພາສາ ລາວ, ການບລການຊ່ອຍເຫອດານພາສາ, ໂດຍບເສງຄາ, ແມນມພອມໃຫທານ. ໂທຄ 1-979-240-1503 (TTY: 1-800-735-2989).