

# PATIENT PROTECTION AND AFFORDABLE CARE ACT NOTICE OF NONDISCRIMINATION AND ACCESSIBILITY

Penn Highlands Healthcare (PHH) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PHH does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PHH:

- Provides free aids and services to people with disabilities 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 services to people whose primary language is not English, such as: qualified interpreters; and information written in other languages

If you need these services, contact Jill Zimmerman, Civil Rights Coordinator.

If you believe that PHH 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 Jill Zimmerman, Civil Rights Coordinator, 100 Hospital Avenue, DuBois, Pennsylvania 15801; telephone number (814) 375-6178; FAX number (814) 372-2574; e-mail: [jzimmerman@phhealthcare.org](mailto:jzimmerman@phhealthcare.org)

You can file a grievance in person or by mail, fax or e-mail. If you need help filing a grievance, Jill Zimmerman, Civil Rights Coordinator 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 by phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201, 1-800-868-1019; 1-800-537-7697 [TDD].

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

## **Required Taglines under Section 1557 of the Affordable Care Act**

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-814-375-6178

**Chinese:** 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1-814-375-6178

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-814-375-6178

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-814-375-6178

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**Deutsch (Pennsylvania German / Dutch):** Wann du schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-814-375-6178

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-814-375-6178

**Italian:** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-814-375-6178

**Arabic:** ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-814-375-6178

**French:** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-814-375-6178

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-814-375-6178 .

**Gujarati:** સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-814-375-6178

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-814-375-6178

**French Creole (Haitian Creole):** \_ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-814-375-6178

**Mon-Khmer, Cambodian:** ប្រយ័ត្ន ៖ បើសិន អ្នក កំពុង យល់ ខ្មែរ, សេវា ជំនួយ ភាសា ខ្មែរ យើង គឺ ឥត ល គឺ ថា ឥត ថ្លៃ អ្នក ក៏ ត្រូវ ទូរស័ព្ទ 1-814-375-6178

**Portuguese:** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-814-375-6178