

## **DISCRIMINATION IS** AGAINST THE LAW

In accordance with the provisions of Title VI of the Civil Rights Act of 1964, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Section 1557 of the Affordable Care Act and the Regulations of the U.S. Department of Health and Human Services issued pursuant to those statutes, Lovelace Regional Hospital complies with the applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender or sexual orientation. Lovelace Regional Hospital does not exclude people or treat them differently because of race, color, national origin, age, disability, gender or sexual orientation.

Lovelace Regional Hospital

- 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)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters - Information written in other languages
- Provides convenient off-street parking designated specifically for disabled persons
- Provides level access into the first floor level with elevator access to other floors

If you need any services or aids listed above, please let the receptionist or your nurse know.

If you believe that Lovelace Regional Hospital has failed to provide services or discriminated in another way on the basis of race, color, national origin, age, disability, gender, or sexual orientation, you can file a grievance with:

Lovelace Regional Hospital Civil Rights Coordinator 117 E. 19th St., Roswell, New Mexico, 88201 Phone: 575.625.3229 E-mail: Roswell-Grievances@Lovelace.com State Relay Number: 711 or New Mexico Relay Services at 800.659.1779 (voice) or 800.659.8331 (TTY)

If you need help filing a grievance, Lovelace Regional Hospital 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 <a href="https://ocrportal.hhs.gov/ocr/portal/lobby.jsf">https://ocrportal.hhs.gov/ocr/portal/lobby.jsf</a>, or by:

37051 REV0525

MAIL: 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) PHONE:

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

| English    | ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-505-727-8000.                              |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| Spanish    | ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-505-727-8000.                             |
| Navajo     | Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hólo, kojj' hódíílnih 1- 505-727-8000.      |
| Vietnamese | CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-505-727-8000.                                            |
| German     | ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-505-727-8000.                 |
| 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 1-505-727-8000.                                                                                                         |
| Arabic     |                                                                                                                                                        |
| Korean     | 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-505-727-8000.                                                                                         |
| Tagalog    | PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-505-727-8000.           |
| Japanese   | 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- 505-727-8000.                                                                                                    |
| French     | ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-505-727-8000.                      |
| Italian    | ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1- 505-727-8000. |
| Russian    | ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-505-727-8000.                                       |
| Hindi      | ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1- 505-727-8000.                                                |
| Persian    | ۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔                                                                                                                  |
| Thai       | เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-505-727-8000.                                                                    |