

Notice of Civil Rights Nondiscrimination Statement and Accessibility Requirements:

Pullman Regional Hospital Clinic Network, LLC, DBA Palouse Pediatrics complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Palouse Pediatrics does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Palouse Pediatrics:

- Upon request, provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters

Palouse Pediatrics uses CTS Language Link, 1-855-295-9177

- 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

Our practice uses Telelanguage 1-800-514-9237

- Information written in other languages

If you need these services, contact the Clinic Administrator or Manager at the office and notify them of your need.

If you believe that Palouse Pediatrics 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: Clinic Administrator or Manager, SE 1205 Professional Mall Blvd. Ste 104 Pullman, WA. 99163, 509-332-2605, 509-334-5754, Karly.port@pullmanregional.org. You can

file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Clinic Administrator or Manager 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 1-509-332-2605.

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 1-509-332-2605

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-509-332-2605

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-509-332-2605 번으로 전화해 주십시오.

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-509-332-2605

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-509-332-2605

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-509-332-2605

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-509-332-2605.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-509-332-2605.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-509-332-2605

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-509-332-2605.

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。1-509-332-2605まで、お電話にてご連絡ください。

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-509-332-2605.

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-509-332-2605.

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-509-332-2605 تماس بگیرید.

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-509-332-2605.

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-509-332-2605

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-509-332-2605.

ਪਿਆਰ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-509-332-2605 ਕਾਲ ਕਰੋ।

ໂປດຊາບ: ຖ້າ ຈຳ ກັບ ທ່ານ ເວົ້າ ພາສາ ລາວ, ການບໍ່ ວິ ການ ຊ່ວຍ ເຫຼືອ ດ້ານ ພາສາ, ໂດຍ ບໍ່ ເສັ້ນ ຄ່າ, ແມ່ນ ມີ ພ້ອມ ໃຫ້ ທ່ານ. ໂທ 1-509-332-2605