

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>.

Language assistance available: Español | 繁體中文 | Tiếng Việt | 한국어 | Русский | Tagalog | Українська | ខ្មែរ | 日本語 | አማርኛ | العربية | ਪੰਜਾਬੀ | Deutsch | ལྷན་སྐད་ | Srpsko-hrvatski | नेपाली | Français | Română | فارسی