

Notice of Non-Discrimination

Discrimination is against the law.

Comanche County Medical Center (CCMC) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, religion, sex, sexual orientation or gender identity. CCMC does not exclude people or treat them differently because of race, color, national origin, age, disability, religion, sex, sexual orientation or gender identity.

Comanche County Medical Center (CCMC):

Provides free aid and services to people with disabilities to communicate effectively with us, such as:

Qualified sign language interpreters

Written information in other formats (large print, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

Qualified staff who may be asked to provide language assistance services

Qualified interpretation services through a third party

Information written in Spanish

If you need these services, contact CCMC's Director of Nursing, Clinic Director or Compliance Manager.

If you believe that Comanche County Medical Center has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sexual orientation or gender identity, you can file a grievance with:

Compliance Manager

10201 Hwy 16 Comanche TX, 76442

Office: 254.879.4900 Fax: 254.879.4939

Email: hipaacompliance@comanchecmc.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Compliance 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>.

Limited English Proficiency of Language Assistance Services

Non-Discrimination Notice

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Favor de acudir a un empleado del hospital o clínica para recibir asistencia.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Hãy yêu cầu nhân viên bệnh viện hoặc bệnh xá để được giúp đỡ.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請向醫院或門診工作人員尋求幫助。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 도움이 필요하시면 병원 또는 보건소 직원에게 문의하시기 바랍니다.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Humingi ka na lang ng tulong sa empleyado ng ospital o klinik.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Veuillez demander de l'aide à un employé de l'hôpital ou de la clinique.

الرجاء طلب المساعدة من موظف المستشفى او العيادة مقرب لصتا. ناجمالب كل رفاوتت ةيوغلال ةدعاسمال تامدخ نإف ةغلال ركذا ثدحتت تنك اذئ: ةظوحلم الك - نيه بايتسد نيم تفم تامدخ يك ددم يك نابز وك پآ وت ،نيه ةتلوب ودرا پآ، برائے مہربانی ہسپتال یا کلینک کے عملے سے مدد کے لئے رگ: رادریخ نیرک1- رجوع کریں

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Пожалуйста, обратитесь за помощь к сотруднику больницы или клиники.

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。病院もしくはクリニックの職員に通訳が必要である事をお伝え下さい。

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການ ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ກະລຸນາຂໍໃຫ້ພະນັກງານ ໂຮງຫມໍຫຼືພະນັກງານຄລິນິກມາຊ່ວ ຍເຫຼືອ