



NONDISCRIMINATION STATEMENT

As a recipient of Federal financial assistance, Golden Valley Memorial Healthcare does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of age, race, color, national origin, disability, religion, pregnancy, sex, sexual orientation, gender identity, marital status, veteran or military status or any other basis prohibited by federal, state or local law in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by Golden Valley Memorial Healthcare directly or through a contractor or any other entity with which Golden Valley Memorial Healthcare arranges to carry out its programs and activities.

Golden Valley Memorial Healthcare will take appropriate action to assist persons with disabilities, including persons who are deaf, hard of hearing, or blind, or who have other sensory or manual impairments, have an equal opportunity to participate in our services, activities, programs and other benefits.

Golden Valley Memorial Healthcare will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and equal opportunity to participate in our services, activities, programs and other benefits. Language assistance will be provided through use of competent bilingual staff, staff interpreters, contracts or formal arrangements with local organizations providing interpretation or translation services, or technology or telephonic interpretation services.

All interpreters, translators, and necessary auxiliary aids and services shall be provided without cost to the person being served.

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-868-1019 (TDD: 1-800-537-7697).

繁體中文 (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1-800-868-1019 (TDD: 1-800-537-7697)。

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-868-1019 (TDD: 1-800-537-7697).

Srpsko-hrvatski (Serbo-Croatian) OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-868-1019 (TDD- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-537-7697).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-868-1019 (TDD: 1-800-537-7697).

(Arabic) مَقْرَب لَصْنَا. نَاجِمَاب لَئَل رِفَاوَتَت تَيَوَعْلَلَا دَعَاَسْمَلَا تَامَدَخ نَاف، دَعْلَلَا لَكَذَا تَدَحْتَت تَنَك إِذَا: نَطْوَح لِم (1-800-868-1019 مَقْرَب لَصْنَا) 1-800-537-7697.

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-868-1019 (TDD: 1-800-537-7697)번으로 전화해 주십시오.

Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-868-1019 (телетайп: 1-800-537-7697).

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-868-1019 (ATS: 1-800-537-7697).

Tagalog (Tagalog-Filipino) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-868-1019 (TDD: 1-800-537-7697).

Deutsch (Pennsylvania Dutch) Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannsch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-868-1019 (TDD: 1-800-537-7697).

Português (Portuguese) ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-868-1019 (TDD: 1-800-537-7697).

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ማከተለው ቁጥር ይደውሉ 1-800-868-1019 (መስማት ለተሳናቸው፡ 1-800-537-7697)።

Translation: ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call 1-800-868-1019 (TTD: 1-800-537-7697).

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964 (nondiscrimination on the basis of race, color, national origin), §504 of the Rehabilitation Act of 1973 (nondiscrimination on the basis of disability), the Age Discrimination Act of 1975 (nondiscrimination on the basis of age), regulations of the U.S. Department of Health and Human Services issued pursuant to these three statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91; and Section 1557 of the Affordable Care Act of 2010.

To file a complaint or grievance or in case of questions, please contact:

Golden Valley Memorial Healthcare Compliance Officer
1600 North Second Street
Clinton, MO 64735
660-885-5511, ext. 7105

Filing a grievance or complaint with Golden Valley Memorial Healthcare does not prevent the patient from filing a complaint with the Department of Health and Human Services, Office of Civil Rights.

Midwest Region

Celeste Davis
Office for Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601
Customer Response Center: (800) 368-1019
Fax: (202) 619-3818
TDD: (800) 537-7697
Email: ocrmail@hhs.gov