

Section 1557 Non-Discrimination Notice

Discrimination is Against the Law

This Section 1557 Non-Discrimination Notice is intended to comply with current federal law. It does not reflect The Christ Hospital's more expansive stance against discrimination, which includes groups of individuals not specifically listed in this Notice.

THE CHRIST HOSPITAL complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. THE CHRIST HOSPITAL does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

THE CHRIST 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, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact REGINA SHUPE

If you believe that THE CHRIST HOSPITAL 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: REGINA SHUPE, Patient & Guest Services Manager; 2139 AUBURN AVENUE, CINCINNATI, OH 45212; 513-585-4127; REGINA.SHUPE@THECHRISTHOSPITAL.COM. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, REGINA SHUPE, Patient & Guest Services 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)

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

Tagline Informing Individuals with Limited English Proficiency of Language Assistance Services

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 513-585-4127.

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 513-585-4127。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 513-585-4127.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 513-585-4127 (رقم هاتف الصم والبكم).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kansch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 513-585-4127.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 513-585-4127.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 513-585-4127.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 513-585-4127.

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 513-585-4127.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 513-585-4127 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 513-585-4127.

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。513-585-4127 まで、お電話にてご連絡ください。

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 513-585-4127.

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 513-585-4127.

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 513-585-4127.