PATIENT PROTECTION AND AFFORDABLE CARE ACT
NOTICE OF NONDISCRIMINATION AND ACCESSIBILITY

Penn Highlands Healthcare (PHH) admissions, the provisions of services, and referrals of clients shall be made without regard to race (to include hair type, hair texture, or hair style), color, religious creed (to include all aspects of religious observances and practice, as well as belief), disability, ancestry, national origin (including Limited English Proficiency), age (40 and over), or sex (to include pregnancy status, childbirth status, breastfeeding status, sex assigned at birth).

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aides and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

- 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; and information written in other languages.

If you need these services, contact Trisha Salome, Civil Rights Coordinator.

If you believe that PHH 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 Trisha Salome, Civil Rights Coordinator, 100 Hospital Avenue, DuBois, Pennsylvania 15801; telephone number 814-375-6329; fax number 814-372-2574; or e-mail: TASalome@phhealthcare.org.

You can file a grievance in person or by mail, fax, or e-mail. If you need help filing a grievance, Trisha Salome, Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with:

Office for Civil Rights
U.S. Department of Health and Human Services
Centralized Case Management Operations
200 Independence Avenue, S.W.
Room 509 HHH Bldg
Washington, D.C. 20201
Customer Response Center: 800-368-1019
TDD: 800-537-7697
https://www.hhs.gov/ocr/complaints
Email: ocrcomplaint@hhs.gov
(Within 180 days from the date of incident)

Commonwealth of Pennsylvania
Department of Human Services
Bureau of Equal Opportunity
Room 225, Health & Welfare Building
P.O. Box 2675 Harrisburg, PA 17120
Inquiries: 717-787-1127
Email: RA-PWBEOAO@pa.gov
(Within 90 days from the date of incident)

Pennsylvania Human Relations Commission
333 Market Street, 8th Floor
Harrisburg, PA 17101
https://www.phrc.pa.gov/Complaints/Pages/How-to-File-a-Complaint.aspx
Inquiries: 717-787-4410
TTY users only: 717-787-7279
(Within 180 days from the date of incident)

PATIENT PROTECTION AND AFFORDABLE CARE ACT NOTICE OF NONDISCRIMINATION AND ACCESSIBILITY

Required Taglines under Section 1557 of the Affordable Care Act

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al. 1-814-375-6329

Chinese: 注意：如果您說[中文]，我們可以為您提供免費語言協助服務。請致電. **1-814-375-6329**

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. **1-814-375-6329**

Russian: ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. **1-814-375-**6329

Deitsch (Pennsylvnia German/Dutch): ACHTUNG: Wann du Pennsylvanisch Deitsch schwetzscht, sin Hilfsdienst fer die Sprooch fer dich gratis verfügbar. **1-814-375-6329**

Korean: 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. **1-814-375-6329**

Italian: ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. **1-814-375-6329**

Arabic: مكا تتوفر وسائ ذإا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية .يبنته **1-814-375-6329**غالربية

French: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Appelez le **1-814-375-6329**

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Rufen Sie **1-814-375-6329**

Gujarati: ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. **1-814-375-6329**

Polish: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-814-375-6329**

French Creole (Haitian Creole): Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Appelez le **1-814-375-6329**

Mon-Khmer, Cambodian: សូ មយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ *ភាសាខ្មែរ* សេវាកម្មជំនួយភាសា ឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ **1-814-375-6329**

Portuguese: Se você fala [inserir idioma], serviços gratuitos de assistência linguística estão disponíveis para você. Ligue para **1-814-375-6329**