

## Notice Informing Individuals About Nondiscrimination and Accessibility Requirements and Nondiscrimination Statement

## Discrimination is Against the Law

HOPE Family Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). HOPE Family Health does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

## **HOPE Family Health:**

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services 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 assistance services to people whose primary language

is not English, which may include:

Qualified interpreters

Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language

assistance services, contact Kaleigh Chitwood, Civil Rights Coordinator.

If you believe that HOPE Family Health 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:

Kaleigh Chitwood, Civil Rights Coordinator

1124 New Hwy 52 E, Westmoreland, TN 37186

Phone: 615-644-0664 / Fax: 615-644-2078

Email: kaleighchitwood@hopefamilyhealth.org

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

Kaleigh Chitwood, Civil Rights Coordinator, is available to help you.

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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.

This notice is available at HOPE Family Health's website: www.hopefamilyhealth.org.