

OCR NOTICE OF NONDISCRIMINATION

Source: HHS Office for Civil Rights

The East Alabama Health Care Authority

complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex

The East Alabama Health Care Authority

does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

The East Alabama Healthcare Authority

- 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)
- 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, inform East Alabama Hospital/EAMC-Lanier representative.

If you believe that The East Alabama Healthcare Authority 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: Cindy Rayfield, Section 1557 Coordinator

2000 Pepperell Parkway

Opelika, AL 36801

Phone Number: 334/528-3281

Fax Number: 334/528-2161

Complaint Portal: <https://www.eamc.org/patientsVisitors/patientfeedback.aspx>

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Cindy Rayfield, Section 1557 Coordinator, 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 <http://ocrportal.hhs.gov/ocr/portal/lobby.isf> or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW

Room 509F, HHH Building

Washington, DC 20201

Toll free: 1-800-868-1019,
800-537-7697 (TDD)

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

WELCOME

THE EAST ALABAMA HEALTH CARE
AUTHORITY WANTS YOU TO KNOW
YOU ARE ELIGIBLE FOR AN INTERPRETER

English

Point to your language. An interpreter will be called.
The interpreter is provided at no cost to you.

English

American Sign Language

Interpretation is available at no cost.

Spanish

Señale su idioma y llamaremos a un intérprete.
El servicio es gratuito.

Español

Korean

귀하께서 사용하는 언어를 지정하시면 해당
언어 통역 서비스를 무료로 제공해 드립니다.

한국어

Vietnamese

Hãy chỉ vào ngôn ngữ của quý vị. Một thông dịch viên sẽ được
gọi đến, quý vị sẽ không phải trả tiền cho thông dịch viên.

Tiếng Việt

Arabic

أشر إلى لغتك. وسيتم الاتصال بمترجم فوري. كما
سيتم إحضار المترجم الفوري مجاناً.

عربي

German

Zeigen Sie auf Ihre Sprache. Ein Dolmetscher wird
angefordert. Der Dolmetscher ist für Sie kostenlos.

Deutsch

French

Indiquez votre langue et nous appellerons un interprète.
Le service est gratuit.

Français

Tagalog

Ituro po ang inyong wika. Isang tagasalin ang
ipagkakaloob nang libre sa inyo.

Tagalog

Laotian

ຊື່ປອກພາສາທີ່ເຈົ້າເວົ້າໄດ້. ພວກເຮົາຈະຕິດຕໍ່ນາຍພາສາໃຫ້.
ທ່ານບໍ່ຕ້ອງເສຍເງິນຄ່າແປໃຫ້ແກ່ນາຍແປພາສາ.

ພາສາລາວ

Russian

Укажите язык, на котором вы говорите. Вам вызовут
переводчика. Услуги переводчика предоставляются бесплатно.

Русский

Portuguese

Indique o seu idioma. Um intérprete será chamado.
A interpretação é fornecida sem qualquer custo para você.

Português

Japanese

あなたの話す言語を指してください。
無料で通訳サービスを提供します。

日本語

Turkish

Konuştuğunuz dili gösterin. Sizin için bir çevirmen
aranacaktır. Bu çevirmen size ücretsiz sağlanır.

Türkçe

Gujarati

તમારી ભાષાનો ઉલ્લેખ કરો. દુભાષિયાને બોલાવી શકાશે.
દુભાષિયાને બોલવવામાં તમારે ખર્ચ આપવો નહિ પડે

ગુજરાતી

Hindi

अपनी भाषा को इंगित करें। जिसके अनुसार आपके लिए दुभाषिया
बुलाया जाएगा। आपके लिए दुभाषिया की निशुल्क व्यवस्था की जाती है।

हिंदी

Chinese

中文 Cantonese廣東話 Mandarin國語 Toisanese 台山話 Taiwanese/Fukienese
台灣語/福建話 Min 閩語 你有權利要求一位免費的傳譯員。請指出你的語言。
傳譯員將為你服務，請稍候。

