

Our Health Equity Promise

Patient Protection and Affordable Care Act: Section 1557

Florida Hospital Memorial Medical Center HealthCare Partners complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This facility does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Florida Hospital Memorial Medical Center HealthCare Partners 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)

Florida Hospital Memorial Medical Center HealthCare Partners 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, please call 386-231-4172

If you believe that this facility 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 or request that someone assist you with filing a grievance at 386-231-3186 or lauren.dills@ahss.org

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 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)

The statements below direct people whose primary language is not English to translation assistance:

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 386-231-4172.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 386-231-4172.

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 386-231-4172。

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 386-231-4172.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 386-231-4172.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 386-231-4172.

ملحوظة: إذا كنت تتحدث اذكري اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 386-231-4172

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 386-231-4172.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 386-231-4172.

Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 386-231-4172.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 386-231-4172.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 386-231-4172.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 386-231-4172.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 386-231-4172

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 386-231-4172۔

توجه: اگر شما فارسی، خدمات کمک زبان، رایگان صحبت می کنند، در دسترس شما هستند. پاسخ 386-231-4172

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。386-231-4172

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການ ຊ່ວຍເຫຼືອການພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຈຳນວນ ພ້ອມໄຫວທາງ. ໂທສ 386-231-4172.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 386-231-4172.

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 386-231-4172.

Complaint forms are available at hhs.gov/ocr/office/file/index.html

