

Non-Discrimination Statement

Discrimination is Against the Law

This notice will be used by the Company

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

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

The Company 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 and other formats)

The Company 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 the Company at the provided phone number(s).

If you believe that The Company 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 the Company

You can file a grievance in person or by mail, fax or email.

If you need help filing a grievance, our grievance 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 <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

Translated Resources for Individuals With Limited English Proficiency

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you.

Call

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

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu

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

ICYITONDERWA: Niba uvuga Ikinyarwanda, ushobora guhabwa serivisi z'ubufasha bujyanye n'ururimi, ku buntu. Hamagara kuri

ध्यान दिनुहोस्: तपाइंले नेपाली बोलनुहुन्छ भने तपाइंको नमित्त भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस्

注意: 如果您使用普通話, 您可以免費獲得語言協助服務。請致電

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona

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

ਬੁਝਾਓ ਕਿ ਤੁਸੀਂ: ਜੇ ਤੁਸੀਂ ਕੋਈ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਸੀਂ ਨਿ:ਸ਼ੁਲਕ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਲਈ ਸਹਾਇਤਾ ਮਹੱਤਵਪੂਰਨ ਹੈ।

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਸੀਂ ਨਿ:ਸ਼ੁਲਕ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਲਈ ਸਹਾਇਤਾ ਮਹੱਤਵਪੂਰਨ ਹੈ।

सुचना: जो तमो गुरुवारी ओवता छे, तो न:शुल्क भाषा सहाय सेवाओ तमारा माटे उपलब्ध छे. फोन करे

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD)

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

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم-
(رقم هاتف الصم والبكم: 1-800-735-2989)

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

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.
GỌI SỐ

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကားကို ကို
ပြောဆိုပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊
သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။
ဖုန်းနံပါတ်

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

Patient Signature:

Printed
Name:

Date:

Representative Signature:

Printed M|DRIVER.FIRST_NAME
Name: M|DRIVER.LAST_NAME

Date: M|C|CURRENTDATE

Relationship to Patient: (if not
'Self')

Reason Patient Could Not
Sign:

Midsouth Medical, Inc