National Hospice Management, INC.

Nondiscrimination Notice

Patient Name: _____ **Patient ID#:** _____

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

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

National Hospice Management:

- 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
  - Information written in other languages

If you need these services, contact National Hospice Management at 1-877-445-4673 (TTY: 1-800-735-2966).

If you believe that National Hospice Management 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 Vice President of Human Resources:

- By Mail: 2191 Lemay Ferry Road, Suite 300, St. Louis, MO 63125
- By Phone: 1-855-753-4673 (Compliance Hotline)
- By Email: integrity@bohhospice.org

You can file a grievance in person or by mail, phone, or email. If you need help filing a grievance, contact the National Hospice Management Vice President of Human Resources.

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

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1) **አምሃሪኛ (Amharic) =** ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-877-445-4673 (TTY: 1-800-735-2966)
2) **አምሃሪኛ፡ጽይሪኣች (Arabic/Syriac) =** ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-445-4673 (TTY: 1-800-735-2966)
3) **繁體中文 (Chinese) =** 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1-877-445-4673 (TTY: 1-800-735-2966)
4) **Français (French) =** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-445-4673 (TTY: 1-800-735-2966)
5) **Deutsch (German) =** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-445-4673 (TTY: 1-800-735-2966)
6) **मानक हिन्दी (Hindi) =** ध्यान द□: य□द आप □हदी बोलते ह □तो आपके िलए मुफ्त म□ भाषा सहायता सेवाएं उपलब्ध 1-877-445-4673 (TTY: 1-800-735-2966) पर कॉल कर□।
7) **Italiano (Italian)=**ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-445-4673 (TTY: 1-800-735-2966)
8) **日本語 (Japanese)=** 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。1-877-445-4673 (TTY: 1-800-735-2966) まで、お電話にてご連絡ください。
9) **한국어 (Korean) =** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-445-4673 (TTY: 1-800-735-2966) 번으로 전화해 주십시오.
10) **ພາສາລາວ (Laotian) =** ຄວບລະວັງ: ຖ້າຫາກວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການການຊ່ວຍເຫຼືອພາສາ, ເສຍຄ່າໃຊ້ຈ່າຍ, ແມ່ນມີໃຫ້ເພື່ອທ່ານ. ໂທ 1-877-445-4673 (TTY: 1-800-735-2966)
11) **Naabeehó (Navajo) =** D77 baa ak0 n7n7zin: D77 saad bee y1n7[ti'go **Diné Bizaad**, saad bee 1k1'1n7da'1wo'd66', t'11 jiik'eh, 47 n1 h0l=, koj8' h0d77lnih 1-877-445-4673 (TTY: 1-800-735-2966)
12) **Pennsilfaanisch Deitsch** = Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-877-445-4673 (TTY: 1-800-735-2966)
13) **Farsi (Persian) = توجه**: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما 1-877-445-4673 (TTY: 1-800-735-2966)فراهم می باشد. با تماس بگیرید.
14) **Polski (Polish)=** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-445-4673 (TTY: 1-800-735-2966)
15) **Русский (Russian) =** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-445-4673 (TTY: 1-800-735-2966)
16) **sɜrbəkroʊˈeɪʃən (Serbo-Croatian) =** OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-877-445-4673 (TTY: 1-800-735-2966)
17) **Español (Spanish)=** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al: 1-877-445-4673 (TTY: 1-800-735-2966)
18) **Tagalog =** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-445-4673 (TTY: 1-800-735-2966)
19) อักษรไทย (**Thai) =** เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี 1-877-445-4673 (TTY: 1-800-735-2966)
20) **Tiếng Việt (Vietnamese) =** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-445-4673 (TTY: 1-800-735-2966)

By signing this form, I acknowledge that the Nondiscrimination Statement has been verbally reviewed in entirety in a language and manner in which I understand. I further acknowledge that a written copy has been made available to me.

____

Patient or Representative Signature Date

(If patient is unable to sign)- Reason ____

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Hospice Representative Signature Date