

## **Notice of Non-Discrimination**

As a recipient of Federal financial assistance, Bethany Health and Rehabilitation complies with applicable Federal Civil Rights laws and does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, national origin, religion, sex, gender, or on the basis of disability or age in admission to, participation in, or receipt of the services and benefits under any of its health programs and activities, and in staff and employee assignments to patients, whether carried out by Bethany Health and Rehabilitation directly or through a contractor or other entity with which Bethany Health and Rehabilitation arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964 (nondiscrimination on the basis of race, color, national origin), Section 504 of the Rehabilitation Act of 1973 (nondiscrimination on the basis of disability), the Age Discrimination Act of 1975 (nondiscrimination on the basis of age), Section 1557 of the Patient Protection and Affordable Care Act of 2010, 42 U.S.C. § 18116, and regulations of the U.S. Department of Health and Human Services pursuant to these three Statutes at Title 45 Code of Federal Regulations Parts 80, 84, 91, and 92.

### **Bethany Health and Rehabilitation:**

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  1. Qualified sign language interpreters
  2. 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:
  1. Qualified interpreters
  2. Information written in other languages

If you need these services, please contact the Section 1557 Coordinator listed below.

In case of questions concerning this policy, or in the event of a desire to file a complaint alleging violations of the above, you may do so in person or by mail or telephone by contacting the Section 504/1557 Coordinator, Steve Swearingin, posted at the location in question or by contacting Center at 615-834-4214.

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, DC 20201, 1-800-868-1019, 800-537-7697 (TDD)

*Notice pursuant to Section 1557 of the Affordable Care Act 2016 version*

NOTICE: LANGUAGE ASSISTANCE AVAILABLE

*Note: Translated below: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 615-834-4214.*

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 615-834-4214. (Spanish)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 615-834-4214번으로 전화해 주십시오. (Korean)

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615-834-4214。 (Chinese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 615-834-4214. (Vietnamese)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 615-834-4214. (Arabic)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 615-834-4214. (Russian)

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 615-834-4214. (French)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 615-834-4214. (German)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 615-834-4214. (Tagalog)

સુચના: જો તમે ગુજરાતી બોલતા છો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 615-834-4214. (Gujarati)

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。615-834-4214。まで、お電話にてご連絡ください。 (Japanese)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 615-834-4214 تماس بگیرید. (Persian/Farsi)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በገጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 615-834-4214. (Amharic)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 615-834-4214 पर कॉल करें। (Hindi)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າ ຈຳນວນ ນັ້ນ ຈະມີໃຫ້ທ່ານ. ໂທ 615-834-4214. (Laotian)