

Parkland Eye & Vision

Nondiscrimination Statement

Parkland Eye & Vision understands that discrimination is against the law and complies with all applicable Federal and State civil rights laws. Specifically, we do not discriminate on the basis of race, color, national origin, age, disability or sex. We do not exclude patients or treat them any differently based on any of these factors.

When necessary and free of charge to the patient, Parkland Eye & Vision:

- Provides aids and services to patients with disabilities when necessary to effectively communicate with them
- Provides qualified sign language interpreters for hearing impaired patients
- Provides language services to those patients who cannot effectively communicate in English. This may include qualified interpreters or written information.

If you believe Parkland Eye & Vision has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you may file a grievance with:

Compliance Coordinator
223 140th ST S
Suite 500
Tacoma, WA 98444
Phone: (253) 537-7544
FAX (253) 535-4888
E-mail: compliance@parklandeye.com

You may file your grievance in person, by mail, fax or email. If you need assistance filing a grievance, civil Rights two ways:

- (1) Electronically through the Office of Civil Rights Complaint Portal:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

- (2) By mail or phone at:

US Department of Health and Human Services
200 Independence Avenue SW Room 509F, HHH Building
Washington, DC 20201

1-800-368-1019 1-800-537-7697 (TDD)

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>

Parkland Eye & Vision
Individuals With Limited English Proficiency
Information Regarding Language Assistance Services

ATTENTION: If you speak any of the following languages, language assistance services are available (free of charge) to you upon request.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 253-537-7544.

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 253-537-7544。

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 253-537-7544.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 253-537-7544.

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 253-537-7544 번으로 전화해 주십시오.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 253-537-7544.

Armenian: ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Հանգահարեք 888-311-9127 (TTY (711))`

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم
رقم هاتف الصم والبكم: 253-537-7544

Persian (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با
تماس بگیرید. 253-537-7544

Cushite (Oromo): XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 253-537-7544.

Amharic: ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 253-537-7544 (መስማት ለተሳናቸው: 711).

Romanian: ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 253-537-7544.

Samoan: MO LOU SILAFIA: Afai e te tautala Gagana fa\`a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se totogi, mo oe, Telefoni mai: 253-537-7544

Ilocano: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 253-537-7544.

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 253-537-7544.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 253-537-7544.

Norwegian: MERK: Hvis du snakker norsk, er gratis språkassistansetjenester tilgjengelige for deg. Ring 253-537-7544.

Pennsylvanian (Dutch): Schwetscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 253-537-7544.

Parkland Eye & Vision

Non-Discrimination Grievance Procedures

It is the policy of Parkland Eye & Vision to not discriminate on the basis of race, color, national origin, sex, age or disability. Parkland Eye & Vision has adopted an internal grievance resolution procedure for prompt and equitable resolution of any allegation of discrimination as prohibited by Section 1557 of the Affordable Care Act. These actions may be examined by any patient by contacting {Grievance Coordinator}:

Compliance Coordinator
223 140th ST S
Suite 500
Tacoma, WA 98444
Phone: (253) 537-7544
FAX (253) 535-4888
E-mail: compliance@parklandeye.com

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for [Practice Name] to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

Procedure:

- Grievances must be submitted to the Grievance Coordinator within (60 days) of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Grievance Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint.
- The Grievance Coordinator will maintain the files and records of Parkland Eye & Vision relating to such grievances. To the extent possible, and in accordance with applicable law, the Grievance Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Grievance Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.
- The person filing the grievance may appeal the decision of the Grievance Coordinator by writing to {Practice Owner} within 15 days of receiving the Grievance Coordinator's decision. {Practice Owner} shall issue a written decision in response to the appeal no later than 30 days after its filing.

Parkland Eye & Vision will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is 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 1-800-537-7697 (TDD)