

Notice of Nondiscrimination and Accessibility Rights

Providence Health & Services and its Affiliates¹ (collectively “Providence”) comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Providence does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Providence:

- (1) Provides free aids and services to people with disabilities to communicate effectively with us, such as: (a) Qualified sign language interpreters; and (b) Written information in other formats (large print, audio, accessible electronic formats, other formats).
- (2) Provides free language services to people whose primary language is not English, such as: (a) Qualified interpreters; and (b) Information written in other languages.

If you need any of the above services, please contact the appropriate Civil Rights Coordinator below. If you need Telecommunications Relay Services, please call 1-800-833-6384 or 7-1-1.

If you believe that Providence 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 Providence by contacting the Civil Rights Coordinator for your state as listed below:

State/Service	Civil Rights Coordinator
Washington	Civil Rights Coordinator, 101 W. 8th Ave., Spokane, WA 99204; Tel: 1-844-469-1775; Interpreter Line: 1-888-311-9127; Email: Nondiscrimination.WA@providence.org
Senior Services (all states)	Civil Rights Coordinator, 2811 S. 102nd Street, Suite 220, Tukwila, WA 98168, Tel: 1-844-469-1775; Interpreter Line: 1-888-311-9127; Email: Nondiscrimination.pscs@providence.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, one of the above-noted Civil Rights Coordinators 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:

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>.

¹ For purposes of this notice, “Affiliates” is defined as any entity that is wholly owned or controlled by Providence Health & Services or Western HealthConnect, including but not limited to all Providence Health & Services-Washington, Providence Health & Services Alaska, Providence Medical Group, and all subsidiaries, facilities, and locations operated by those entities.

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ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-311-9127 (TTY: 711).

注意: 如果您講中文, 我們可以給您提供免費中文翻譯服務, 請致電888-311-9127 (TTY: 711)

CHÚ Ý: Nếu bạn nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn dành cho bạn. Gọi số 888-311-9127 (TTY: 711)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 888-311-9127 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 888-311-9127 (телетайп: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 888-311-9127 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 888-311-9127 (телетайп: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល្អ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 888-311-9127 (TTY: 711)។

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。888-311-9127 (TTY:711) まで、お電話にてご連絡ください。

ለብ ይበሉ:- የሚናገሩት ቋንቋ አማርኛ ከሆነ፣ የቋንቋ እገዛ አገልግሎቶች፣ በነጻ፣ ማግኘት ይችላሉ። 888-311-9127 (መስማት ለተሳናቸው፡ 711) ይደውሉ።

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 888-311-9127 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 888-311-9127 (رقم هاتف الصم والبكم: 711).

ਧਿਆਨ ਧਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਿ ਰੇ, ਤਾਂ ਭਾਸ਼ਾ ਧਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਿ ਹੈ। 888-311-9127 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 888-311-9127 (TTY: 711).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍ່ລາວ ຈຳນວນ ອດ ານພາສາ, ໂດຍບໍ່ຄ່າ ຈຳນວນ າ, ຄມ ນມພໍ ອມໃຫ້ ທ່ານ. ໂທ 888-311-9127 (TTY: 711).