

# Notice of Nondiscrimination

[Healthcare Provider Name] complies with applicable federal civil rights laws and does not discriminate, exclude, or treat people differently based on race, color, national origin, age, disability, or sex.

[Healthcare Provider Name] provides free aids and services to people with disabilities to communicate effectively, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, etc.)

[Healthcare Provider Name] also 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: [Name/Title, Phone Number, and Email or Office Location]

If you believe that [Healthcare Provider Name] has failed to provide these services or discriminated in another way, you can file a grievance with:

[Civil Rights Coordinator]

[Mailing Address]

[Phone Number]

[Email Address]

You can file a grievance in person, by mail, phone, or email. If you need help filing a grievance, the Civil Rights 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/smartscreen/main.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

Phone: 1-800-368-1019

TDD: 1-800-537-7697

---

*This Notice of Nondiscrimination form sample for healthcare providers ensures compliance with federal regulations by informing patients of their rights to receive equitable care. It clearly outlines the provider's commitment to serving all individuals without discrimination. Using this form helps maintain transparency and trust within healthcare settings.*