

NOTICE OF NON-DISCRIMINATION

This provider complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This provider does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

This provider:

- 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 the Compliance Officer and/or CEO at BARSTOW COMMUNITY HOSPITAL.

If you believe that this provider 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:

Compliance Officer and/or CEO
BARSTOW COMMUNITY HOSPITAL
820 E. MOUNTAIN VIEW STREET, BARSTOW, CA 92311
TEL – 760-256-1761; TTY – 760-957-3185; FAX – 760-957-3371
EMAIL: BarstowCA_ceo@QuorumHealth.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Compliance Officer and/or CEO 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>.

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you.

SPANISH

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

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。

VIETNAMESE

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

TAGALOG

PAUNAWA: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo ng tulong sa wika.

KOREAN

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

ARMENIAN

Ուշադրութեամբ: Եթե խոսում եք հայերեն, ապա լեզվակցան աջակցություն ծառայություններն անվճար կարող են տրամադրվել Ձեզ:

PERSIAN

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.

RUSSIAN

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

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。

ARABIC

ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان.

PANJABI

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।

MON-KHMER, CAMBODIAN

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្បួង គឺអាចមានសំរាប់អ្នក។

HMONG

LUS CEEB TOOM: Yog tias koj hais lus Hmoob, kev pab cuamtxhais lus, yog pab dawb xwb.

HINDI

ध्यान दें: यदि आप हृदि बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।

THAI

เรียน: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี

Call: 760-256-1761

TTY: 760-957-3185

CALIFORNIA