



Notice of Nondiscrimination

The Elder Service Plan of Cambridge Health Alliance complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sexual orientation, gender expression, or sex. The Elder Service Plan of Cambridge Health Alliance does not exclude people or treat them differently because of race, color, national origin, age, disability, sexual orientation, gender expression, or sex.

The Elder Service Plan of Cambridge Health Alliance Provides free aids and services for individuals to communicate effectively with us. Such items and services include:

- Qualified sign language interpreters
- Qualified language interpreters for individuals whose primary language is not English
- Information written in other languages

If you need these services, contact Sue Donnelly, Manager of Quality and Compliance, Elder Service Plan, at sdonnelly@challiance.org.

If you believe that The Elder Service Plan of Cambridge Health Alliance has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sexual orientation, gender expression, or sex, you can file a grievance with: Sue Donnelly, Manager of Quality and Compliance, Elder Service Plan of Cambridge Health Alliance, 163 Gore Street, Cambridge, MA 02141. E-mail: sdonnelly@challiance.org phone: 617-575-5850 fax: 617-499-8360 TTY: 800-439-2370.

You can file a grievance in person, by mail, fax, or email. If you need help filing a grievance, Sue Donnelly, Manager of Quality & Compliance at the Elder Service Plan of Cambridge Health Alliance 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, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD) Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia idiomática. Llame al 1-617-575-5850.

ATENÇÃO: Se você fala português, serviços de assistência linguística estão à sua disposição, sem custo. Entre em contato pelo telefone 1-617-575-5850.

ВНИМАНИЕ: если вы говорите на русском, вам бесплатно доступны услуги языковой помощи. Звоните 1-617-575-5850.

UWAGA: Jeśli posługujesz się językiem polskim, możesz skorzystać z darmowego wsparcia językowego. Zadzwoń pod numer 1-617-575-5850.

ATTENZIONE: se parli italiano, sono disponibili servizi di assistenza linguistica, gratuitamente. Chiama il numero 1-617-575-5850.

ATTENTION : si vous êtes de langue française, vous avez la possibilité d’obtenir gratuitement un service d’assistance linguistique. Veuillez appeler le 1-617-575-5850.

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, υπηρεσίες βοήθειας γλώσσας, χωρίς χρέωση είναι διαθέσιμες γι εσάς. Καλέστε 1-617-575-5850.

ध्यान राખो : तमे कोई भाषा मां वात करवा मांगता होय तो ते भाषा ने सामेल करो , भाषा ने लगती सहाय सेवाओ, मइत, तमारा माटे उपलब्ध छे. नीचे जएावेल टेलिफोन नंबर पर 1-617-575-5850 कोल करो.

ATANSYON: Si w pale kreyòl ayisyen, sèvis asistans lang gratis yo disponib pou ou. Rele 1-617-575-5850.

सावधान: यदि आप हिन्दी बोलते हैं, तो भाषा सहायता सेवाएं आपके लिए मुफ्त उपलब्ध हैं। 1-617-575-5850 पर कॉल करें।

ការប្រុងប្រយ័ត្ន: ប្រសិនបើលោកអ្នកនិយាយខ្មែរ សេវាបកប្រែភាសាមានផ្តល់ជូនដោយមិនគិតថ្លៃ សូមលោកអ្នកទូរស័ព្ទទៅកាន់លេខ 1-617-575-5850 ។

주목: 한국말을 사용하시는 경우, 무료 통역 서비스를 받으실 수 있습니다. 1-617-575-5850으로 전화해 주십시오.

注意 : 如果您说中文, 您可以获取免费的语言协助服务。请拨打1-617-575-5850。

انتباه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة سوف تكون متاحة لك مجاناً. اتصل بـ 1-617-575-5850.

LU'U Ý: Nếu quý vị nói Tiếng Việt, quý vị có thể sử dụng các dịch vụ hỗ trợ ngôn ngữ, miễn phí. Gọi 1-617-575-5850.

Reference: Brauer, R. “Guidance regarding implementation of the procedural requirements under the regulation implementing Section 1557 of the Affordable Care Act of 2010— Nondiscrimination Communication Requirements and Grievance Procedures.” Department of Health & Human Services Memo. August 8, 2016.