Notice Informing Individuals About Nondiscrimination and Accessibility Requirements

Discrimination is Against the Law

Memorial Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes). Memorial Health does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Memorial Health:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services 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 assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - \circ Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, please either notify us when scheduling an appointment or inform a member of your care team at the time of your service.

If you believe that Memorial Health 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 the Patient Experience Department or the Civil Rights Coordinator. You can file a grievance in person, by mail, or email. If you need help filing a grievance, the Patient Experience Department is available to help you.

Patient Experience Department 500 London Avenue Marysville, OH 43040 937.578.2355 or toll free 1.800.686.4677 ext. 2355 patientexperience@memorialohio.com

Civil Rights Coordinator (Section 1557 Coordinator) 500 London Avenue Marysville, OH 43040 937-578-2495 or toll free 1.800.686.4677 ext. 2495 cassandra.wallace@memorialohio.com

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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.

This notice is available at Memorial Health's website: <u>www.memorialohio.com</u>

NONDISCRIMINATION AND ACCESSIBILITY REQUIREMENTS RECEIPT CONFIRMATION: I have received a copy of Memorial Health's Notice of Nondiscrimination and Accessibility Requirements. Additional copies can be provided upon your request.

Patient or Legal Representative's Signature		Date		
Witness		Date	Date	
Reason for signature by person authorized to sign for patient in lieu of signature of patient:				
 Minor (Under Mental Mental Mental Condition 	Physical Condition	Verbal Consent	Consent	
Patient Name	Obtained From Rela		itionship	
Additional Witness (Optional)	Phone Number	Date/Time		

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