

## Davis Health System Nondiscrimination and Accessibility Statement

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

Davis Health System provides;

- Free aids and services to people with disabilities to communicate effectively with us, such as Qualified Sign Language Interpreters, large print, audio, accessible electronic formats or via whiteboards at Davis Medical Center, Broaddus Hospital, DirectCare of Parsons, DirectCare of Elkins and Buckhannon Medical Care can call the numbers as listed below.
- Free language services to people whose primary language is not English, such as qualified interpreters via telephone at Davis Medical Center, Broaddus Hospital, DirectCare of Parsons, DirectCare of Elkins and Buckhannon Medical Care can call the numbers as listed below.

If you need these services, you may contact Corporate Compliance and Privacy Officer.

If you believe that Davis Health System has failed to provide these services or has discriminated in another way on the basis of race, color, national origin, age, disability, sex or gender identity, you can file a grievance by mail, in person, fax or email with: Apryl Phares-Zirkle, MBA, MSSL, CMPE, Corporate Compliance and Privacy Officer, 812 Gorman Avenue, Elkins, WV 26241 304.637.3656 304.637.3435 (fax) [pharesa@davishealthsystem.org](mailto:pharesa@davishealthsystem.org)

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. 2020, 1-800-368-1019, 800-537-7697 (TDD) Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-746-4674

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。請致電 1-877-746-4674。

Tagalog: ATENSYON: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-746-4674.

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-746-4674.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-746-4674.

Arabic: 1-877-746-4674 به رقم اتصل به بالمجان لك توافر ال لغوية المساعدة خدمات ف إن ال لغة، اذكر ت تحدث ك نت إذا ملاحظه رقم (746-4674)

Thai: เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-877-746-4674

Urdu: خ بردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال 1-877-746-4674۔ یرک

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-746-4674.

Nepali: ध्यान ~दनुहोस् तपाइले नेपाल बोलनहन्छ भन तपाइको ~नम्त भाषा सहायता सवाहरु ~न:शल्क रूपमा उपलब्ध छ । फोन गनुहोस् 1-877-746-4674 ।

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-746-4674.

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-746-4674.

Persian: 1-877-746-4674 گ ف تگومی ک نید، ت سه یلات زبانی ب صورت رایگان ب رای شما اگر ب ه زبان فارسی ت وجه

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-746-4674

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。1-877-746-4674

