

# 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 DEKALB REGIONAL MEDICAL CENTER.

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  
DEKALB REGIONAL MEDICAL CENTER  
200 MEDICAL CENTER DRIVE SW, FORT PAYNE, AL 35968  
TEL – 256-845-3150; TTY – 800-548-2546; FAX – 256-997-2512  
EMAIL: [FortPayneAL\\_ceo@QuorumHealth.com](mailto:FortPayneAL_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.

## KOREAN

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

## 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.

## ARABIC

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

## GERMAN

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

## FRENCH

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

## GUJARATI

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિશ્ચિત ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે.

## TAGALOG

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

## HINDI

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

## LAOTIAN

ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາລາວ, ພວກເຮົາມີບໍລິການໃຫ້ຄວາມຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໄວ້ບໍລິການທ່ານ.

## RUSSIAN

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

## PORTUGUESE

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis.

## TURKISH

DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz.

## 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。

Call: 256-845-3150

TTY: 800-548-2546

ALABAMA