

Nondiscrimination and Language Assistance Notice

BHS communities comply with applicable civil rights laws and do not discriminate on the basis of race, color, national origin, sex, age, or disability in their health programs and activities. BHS communities also do not exclude people or treat them differently because of race, color, national origin, sex, age, or disability.

BHS communities subject to Section 1557 of the Affordable Care Act (1) provide appropriate auxiliary aids and services (including qualified interpreters for individuals with disabilities and information in alternate formats) free of charge and in a timely manner when such aids and services are necessary to ensure an equal opportunity to participate to individuals with disabilities, and (2) provide appropriate language assistance services (including translated documents and oral interpretation) free of charge and in a timely manner when such services are necessary to provide meaningful access to individuals with limited English proficiency.

BHS communities subject to Section 1557 of the Affordable Care Act have established a grievance procedure for individuals who believe that someone has been subjected to discrimination on the basis of race, color, national origin, sex, age, or disability. A grievance at such communities can be filed with the community's administrator, who has been designated as the community's Section 1557 Coordinator.

Individuals can also file a civil rights complaint with the Department of Health & Human Services Office for Civil Rights online (<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>) or by mail or phone at U.S. Department of Health & 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>.

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-833-7208.

Hmoob (Hmong): LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-833-7208.

Oroomiffa (Oromo): XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-833-7208.

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-833-7208.

繁體中文 (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1-800-833-7208。

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-833-7208.

ລາວ (Lao): ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຍຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-833-7208.

አማርኛ (Amharic): ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-833-7208.

und (Karen): ဟံသာဝတီ- မုခ်ကတိ ကညိ ကျိ်ဆယိ. မုခ်န့ ကျိ်ဆတိမစာလော တလၢ်ဘျုးလၢ်စုး နီတၢ်ဘျုးသုန့လီၤ. ကိး 1-800-833-7208.

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-833-7208.

ខ្មែរ (Cambodian): ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អូល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-833-7208។

العربية (Arabic): ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان اتصل برق 1-800-833-7208.

Français (French): ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-833-7208.

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-833-7208 번으로 전화해 주십시오.

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-833-7208.