

**Non-discrimination in Health Programs
and Activities and Grievance Procedure
Affordable Care Act - Section 1557**

Scope: The Clinic for Dermatology & Wellness, LLC

Policy: The Clinic for Dermatology & Wellness, LLC (The Clinic) complies with applicable Federal Civil Rights laws and does not exclude, deny access/benefits to health care, or otherwise discriminate against or treat differently any person on the basis of race, color, national origin, disability, age, sexual orientation or stereotyping, gender identity, genetic information, pregnancy, childbirth and related medical conditions in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by The Clinic directly or through a contractor or any other entity with which The Clinic arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Affordable Act Section 1557, and Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91.

The Clinic for Dermatology & Wellness, LLC provides to people with disabilities or those whose preferred language for communication is not English and who have a limited ability to read, write, speak or understand English auxiliary aids and services, such as over-the-phone interpretation services and written information in other formats at no cost to people with disabilities, or are limited English proficient, in order to communicate effectively with us as we do with others.

Should you require any of these services, please let the person scheduling your appointment know about the assistance you need, and/or contact our office directly prior to your appointment by phone at 541-200-2777 or by fax at 541-214-2575.

If you believe that The Clinic for Dermatology & Wellness, LLC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, gender identity or sex, you can file a grievance. Please contact the Clinic Administrator to discuss the grievance. See grievance procedure. The Clinic Administrator can assist you if you need help filing a grievance.

You may also file a 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://orcportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at the U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington DC, 20201 and 1-800-868-1019, TDD 800-537-7697.

Language Assistance Services

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

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。

ગજરાતી (Gujarati)

ચુ ના: જો તમે જરાતી બોલતા હો, તો િ ન:લુ ભાષા સહાય સેવાઓ તમારા માટ ઉપલબ્ધ છ. Vietnamese Tiếng

Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

한국어 (Korean)

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

(Burmese)

သတူ ပရီ နှ - အကယုၣ် သထုသညုၣ် မနုၣ်မနုၣ် စကတၢ် ကနုၣ်ပူၣ် ပတပါကါ ဘသတကတၢ် အကူအညါ အခဲၣ်

သထုၣ် အတက

စေ့ၣ်ဆေ့ၣ်ကတၢ်ပတပါမညုၣ်။

Tagalog (Tagalog - Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian)

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

Français (French)

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

አማርኛ (Amharic)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው

नेपाली (Nepali)

ध्यान दिनुहोस्: तपाइंले नेपाली बोलुनुहुन्छ भने तपाइंको दनदत भाषा सहायता सके ाहरु दनिशुक्क रूपमा उपलब्ध छ

فارسی (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهيلات زبانی بصورت رایگان برای شما فراهم می باشد. با

Deutsch (German)

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

العربية (Arabic)

بالمجان لك تنويع اللغوية المساعدة خدمات نون اللغة، اذكر نحدث لبرت إذا: لحوطة.

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके दलर म्कु त में भाषा सहायता सेवाएँ उपलब्ध हैं

Kreyòl Ayisyen (French Creole)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou

日本語 (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。

èdè Yorùbá (Yoruba)

AKIYESI: Bi o ba nsò èdè Yorùbú ófè ni iranlọwọ lori èdè wa fun yin o.

Igbo asusu (Ibo)

Ntị: Ọ burụ na asụ Ibo, asụsụ aka ọasụ n'efu, defu, aka.

اُردُو (Urdu)

(Portuguese) - ریب بستیا د تفم ریم تکی امدخ دکی دمن باز وک آپ وت، بولتے ریب اردو آپ گرا: دارخبر

Português

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

Grievance Procedure

Section 1557 of the Affordable Care Act

The Clinic for Dermatology & Wellness, LLC has adopted an internal grievance procedure for all facilities and clinics providing for prompt and equitable resolution of complaints alleging any action prohibited by the Affordable Care Act Section 1557. Any person who believes s/he has been subjected to discrimination on the basis of race, color, national origin, sex, gender identity, age or disability may file a grievance. It is against the law for The Clinic for Dermatology & Wellness, LLC to retaliate against anyone who files a grievance or cooperates in the investigation of a grievance.

Procedure: Grievances must be submitted to the Clinic Administrator within 30 days of the date the person filing the grievance becomes aware of the alleged discriminatory action. The Clinic Administrator may delegate investigation duties to assist with the investigation as needed to appropriate individuals within the facility.

A grievance must be in writing, containing the name and address of the person filing it. The grievance must state in as much detail as possible the problem or action alleged to be discriminatory and the remedy or relief sought.

Clinic Administrator, The Clinic for Dermatology & Wellness, LLC
P: 541-200-2777
F: 541-214-2575

The Clinic Administrator or other appropriate person shall conduct an investigation of the complaint. This investigation may be informal, but it must be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. Files and records related to such grievance will be maintained. A written decision on the grievance will be completed no later than 30 business days after its filing. The person filing the grievance may appeal the decision within 15 days of receiving the Clinic Administrator's decision by writing to The Clinic for Dermatology & Wellness, LLC Compliance Office, 101 W. Ponce de Leon Avenue, Suite 242, Decatur, Georgia 30030.

Appropriate arrangements will be made to ensure that disabled persons are provided other accommodations, if needed, to participate in this grievance process. Such arrangements may include, but are not limited to, providing interpreters for the deaf, providing appropriate material for the blind, or assuring a barrier-free location for the proceedings.

The availability of The Clinic for Dermatology & Wellness, LLC Grievance procedure does not prevent a person from filing a complaint of discrimination on the basis of disability with the U.S. Department of Health and Human Services, Office for Civil Rights.

A person can file a grievance of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: <https://ocrportal.hhs.gov/ocr/smartscreen/main.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. Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination.