

NON-DISCRIMINATION DISCLOSURE & LANGUAGE ASSISTANCE SERVICES AVAILABLE

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North East Medical Services (NEMS) complies with applicable Federal civil rights laws and does not differentiate, exclude, or discriminate against any individual as a result of your race, color, creed, religion (includes religious dress and grooming practices), age, sex/gender (includes pregnancy, childbirth, breastfeeding and/or related medical conditions), gender identity, gender expression, sexual orientation, marital status, medical condition (genetic characteristics, cancer or a record or history of cancer), military or veteran status, national origin (includes language use and possession of a driver's license issued to persons unable to prove their presence in the United States is authorized under federal law), ancestry, disability (mental and physical including HIV/AIDS, cancer, and genetic characteristics), genetic information, retaliation for reporting patient abuse in tax-supported institutions, age (includes those over 40), enrollment in a Health Benefit Plan, state of health, need for health services, status as a litigant, status of a Medicare or Medicaid beneficiary, or source of payment for your care, or any other basis prohibited by law.

NEMS provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). NEMS also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact NEMS Member Services Department.

If you believe that NEMS has failed to provide these services or discriminated in another way based on any of the characteristics listed above, you can file a grievance with: NEMS Member Services Department, 1520 Stockton St, San Francisco, CA 94133, 415-391-9686 ext. 8160, Fax: 415-433-4726. You can file a grievance in person, by mail or fax. If you need help filing a grievance, NEMS Member Services Department 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>, 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, 1-800-868-1019 (TDD 1-800-537-7697). Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 415-391-9686 ext. 8160 (TTY: 1-800-735-2929).

Chinese

注意：如果您使用中文，您可以免費獲得語言援助服務。請致電 415-391-9686 ext. 8160 (TTY: 1-800-735-2929)。

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 415-391-9686 ext. 8160 (TTY: 1-800-735-2929).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) 번으로 전화해 주십시오.

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 415-391-9686 ext. 8160 (TTY: 1-800-735-2929).

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。415-391-9686 ext. 8160 (TTY: 1-800-735-2929) まで、お電話にてご連絡ください。

Burmese

သတိပြုရန် - အကယ့်၍ သတ္တု ဂျမ္မာစကား ကို ဝေ့ဟပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတြက် စီစဉ်ဆောင်ရွက်ပေးပါမည့်။
 ဖုန်းနံပါတ် 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) သို့မဟုတ် ဝေ့ဆုပို့ပါ။

Laotian

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການ ຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ ທ່ານ. ໂທ 415-391-9686 ext. 8160 (TTY: 1-800-735-2929).

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 9686-391-415 ext. 8160 (رقم هاتف الصم والبكم: 1-800-735-2929).

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 415-391-9686 ext. 8160 (телетайп: 1-800-735-2929).

Ukrainian

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 415-391-9686 ext. 8160 (телетайп: 1-800-735-2929).

Hmong

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 415-391-9686 ext. 8160 (TTY: 1-800-735-2929).

Thai

เรียน:ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 415-391-9686 (TTY: 1-800-735-2929).

Armenian

Ուիշար՝ ինչպես կարող եք հայերեն, ասլան ձեզ անվճար կարող են տրամադրվել լեզվական օգնություններ: Չանգահարել 415-391-9686 ext. 8160 (TTY (հեռատիպ) 1-800-735-2929):

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) पर कॉल करें।

Farsi

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) تماس بگیرید.

Punjabi

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) 'ਤੇ ਕਾਲ ਕਰੋ।

Cambodian

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 415-391-9686 ext. 8160 (TTY: 1-800-735-2929)។