# NON-DISCRIMINATION NOTICE

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

EyeHealth Northwest:

- 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 Brett Williams.

If you believe that EyeHealth Northwest 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: Brett Williams, CEO, 11086 SE Oak St., Milwaukie, OR 97222 Phone: 503-344-5100, Fax: 503-344-511, email: williamsb@ehnpc.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Brett Williams is available to help you.

***SPANISH***

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-503-344-5100.

***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 1-503-344-5100.

***VIETNAMESE***

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-503-344-5100.

***RUSSIAN***

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-503-344-5100.

***KOREAN***

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-503-344-5100 번으로 전화해 주십시오.

***UKRAINIAN***

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-503-344-5100.

***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。1-503-344-5100まで、お電話にてご連絡ください。

***ARABIC***

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1 -رقم) 503-344- 5100
هاتف الصم والبكم: 1

***ROMANIAN***

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-503-344-5100.

***MON-KHMER, CAMBODIAN***

ប្រយ័ត្ន ៖ ប្រើបើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្ន
ួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-503-344-5100។

***CUSHITE***

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-503-344-5100.

***GERMAN***

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-503-344-5100.

***PERSIAN (FARSI)***

**توجه**: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-503-344-5100تماس بگیرید.

***FRENCH***

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-503-344-5100.

***THAI***

เรียน: ถ้ าคุณพูดภาษาไทยคุณสามารถใช้ บริการช่ วยเหลือทางภาษาได้ ฟรี โทร 1-503-344-5100.

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. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.