

Hospice of the Piedmont complies with applicable federal civil rights laws and does not discriminate, exclude or treat people differently on the basis of race, color, religion, gender, sexual orientation, gender identity/expression, marital status, national origin, citizenship, age, diagnosis or medical condition/disability, political belief, veteran status, or source of payment with regard to admission, access to treatment or employment.

Hospice of the Piedmont 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); and 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 your Social Worker.

If you believe that Hospice of the Piedmont has failed to provide these services or discriminated in any other way, you may file a grievance in person or by mail, phone or fax by using the following contact information. If you need help filing a grievance, our Civil Rights/Section 1557 Coordinator is available to help: Compliance Officer, 675 Peter Jefferson Parkway, Suite 300, Charlottesville, VA 22911-8618; Phone: (434) 817-6900; Fax (434) 245-0187.

It is the law for Hospice of the Piedmont not to retaliate against anyone who opposes discrimination, files a grievance or participates in the investigation of a grievance.

Grievances must be submitted to Hospice of the Piedmont and must state the problem and the solution sought. We will issue a written decision on the grievance based on a preponderance of evidence no later than 30 days after its filing, including a notice of your right to pursue further administrative or legal action. You may also file an appeal of our decision in writing to the Chief Executive Officer. The Chief Executive Officer will issue a written response within 30 days after its filing.

The availability and use of this grievance procedure does not prevent you from pursuing other legal or administrative remedies.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by using any of the following methods:

- Submit electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.
- Write to U.S. Department of Health and Human Services, 20 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201. Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>.
- Call 1-800-368-1019 (toll free) or 1-800-537-7697 (TDD).

Spanish:

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

Llame al 1-800-975-5501.

Korean:

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-

800-975-5501.

Vietnamese:

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

800-975-5501.

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 1-800-975-5501。

Arabic:

.1-800-975-5501

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم

Tagalog:

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-975-5501.

Persian (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-975-5501 تماس بگیرید.

Amharic:

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት

ተዘጋጀተዎል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-800-975-5501

Urdu:

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-975-5501.

French:

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-975-5501

Russian:

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-975-5501.

Hindi:

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-975-5501 पर कॉल करें।

German:

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-975-5501.

Bengali:

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮০০-৯৭৫-৫৫০১

Bassa (Kru):

Dè dɛ nià kɛ dyédé gbo: ɔ jũ ké m̄ [Bàsòò-wùdù-po-nyò] jũ ní, níí, à wuɖu kà kò dò po-poò 6éin m̄ gbo kpáa. Đá 1-800-975-5501

Ibo:

Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-800-975-5501

Yoruba:

AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro
yi 1-800-975-5501
