

NOTICE TO THE PUBLIC

NON-DISCRIMINATION STATEMENT AND ACCESSIBILITY REQUIREMENTS

The Department of Health and Mental Hygiene (the Department) complies with applicable Federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, or sex.

The Department, upon request:

- Provides free aids and services to people with disabilities to communicate effectively with Department staff, 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, please contact the Department's health program, service, local health department or health insurance marketplace directly

If you believe that the Department 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: Delinda Johnson, Equal Access Compliance Unit, Office of Equal Opportunity Programs, Maryland Department of Health and Mental Hygiene, 201 West Preston Street, Room 514, Baltimore, Maryland 21201, 410-767-6600 (voice), 1-800-735-2258 (TTY), (410) 333-5337 (Fax), delinda.johnson@maryland.gov (email).

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Delinda Johnson 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/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, DC 20201, [1-800-868-1019](tel:1-800-868-1019), [800-537-7697](tel:800-537-7697) (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

NOTICE TO THE PUBLIC

SECTION 1557 NON-DISCRIMINATION STATEMENT AND GRIEVANCE PROCEDURE

It is the policy of the Department of Health and Mental Hygiene (the Department) not to discriminate on the basis of race, color, national origin, sex, age or disability. The Department has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of Delinda Johnson, Equal Access Compliance Manager, Equal Access Compliance Unit, Office of Equal Opportunity Programs, Maryland Department of Health and Mental Hygiene, 201 West Preston Street, Room 514, Baltimore, Maryland 21201, [410-767-6600](tel:410-767-6600) (voice), [1-800-735-2258](tel:1-800-735-2258) (TTY), (410) 333-5337 (Fax), delinda.johnson@maryland.gov (email), who has been designated to coordinate the efforts of the Department to comply with Section 1557.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for the Department to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

Procedure:

- Grievances must be submitted to the Section 1557 Coordinator within (60 days) of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Section 1557 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 1557 Coordinator will maintain the files and records of the Department relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is 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, 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.

The Department will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, or assuring a barrier-free location for the proceedings. If you need these services, please contact the Department's health program, service, local health department or health insurance marketplace directly. The Section 1557 Coordinator will ensure that the Department provides such services free and upon request in accordance with applicable policies and regulations.

Language Accessibility Statement – Harford County Health Department

Interpreter Services Are Available for Free

*Help is available in your language: 1-410-838-1500.
These services are available for free.*

Español/Spanish

Hay ayuda disponible en su idioma: 1-410-838-1500. Estos servicios están disponibles gratis.

አማርኛ/Amharic

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العربية /Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-410-838-1500 - (رقم هاتف الصم والبكم: .

中文/Chinese

用您的语言为您提供帮助：1-410-838-1500。 这些服务都是免费的

فارسی /Farsi

خط تلفن کمک به زبانی که شما صحبت می کنید : - (خط تماس افراد ناشنوا 1-410-838-1500

این خدمات به صورت رایگان در دسترس هستند

Français/French

Vous pouvez disposer d'une assistance dans votre langue : 1-410-838-1500. Ces services sont disponibles pour gratuitement.

ગુજરાતી/Gujarati

તમારી ભાષામાં મદદ ઉપલબ્ધ છે: 1-410-838-1500. (ટીટીવાય. સેવાઓ મફત ઉપલબ્ધ છે

kreyòl ayisyen/Haitian Creole

Gen èd ki disponib nan lang ou: 1-410-838-1500. Sèvis sa yo disponib gratis.

Igbo

Enyemaka di na asusu gi: 1-410-838-1500. Oṛụ ndị a dị na enweghi ugwo i ga akwu maka ya.

한국어/Korean

사용하시는 언어로 지원해드립니다: 1-410-838-1500. 무료로 제공 됩니다

Português/Portuguese

A ajuda está disponível em seu idioma: 1-410-838-1500. Estes serviços são oferecidos de graça.

Русский/Russian

Помощь доступна на вашем языке: 1-410-838-1500. Эти услуги предоставляются бесплатно.

Tagalog

Makakakuha kayo ng tulong sa iyong wika: 1-410-838-1500. Ang mga serbisyong ito ay libre.

اردو/Urdu).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال
1-410-838-1500. کر

Tiếng Việt/Vietnamese

Hỗ trợ là có sẵn trong ngôn ngữ của quý vị :1-410-838-1500. Những dịch vụ này có sẵn miễn phí.

Yorùbá/Yoruba

Ìrànlowó wà ní àròwótó ní èdè rẹ: 1-410-838-1500. Awon ise yi wa fun o free.