


Nondiscrimination in Access and Service Delivery Procedure

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|---|---------------------|-------------------------|--------------------|--------------------|
|  | Category: | <i>Service Delivery</i> | Page No. : | Page 1 of 3 |
| | Issue Date : | <i>January 21, 2022</i> | Issue No. : | 1.2 |

A. PURPOSE

The purpose of this procedure is to clarify Deschutes County Health Services' (DCHS) process for informing the public that DCHS adheres to a policy of nondiscrimination in the provision of and access to programs, services and treatment provided by the department.

B. RELATED POLICY

[Client Rights Policy](#)

C. SCOPE

This procedure applies to all DCHS staff.

D. RESPONSIBILITY

DCHS staff who have direct client contact are responsible to inform clients of their rights in writing or verbally. DCHS staff are responsible to ensure required language is included on all printed materials.

DCHS Leadership is responsible for ensuring that staff understand and comply with this procedure. DCHS Leadership is also responsible ensuring the nondiscrimination policy is posted in public areas at all DCHS locations.

E. DEFINITIONS

DCHS: Deschutes County Health Services

DCHS Leadership: Health Services Director, Deputy Directors, Medical Director, Medical Officer, Program Managers, and Supervisors.

Discrimination: The denial of access or services on the grounds of race, color, national origin, religion, sex, sexual orientation, age, marital status, political affiliation, mental or physical disability, or any other protected class established by Oregon or federal law.

Staff: Includes regular employees, temporary employees, personal services contractors, employment agency personnel, interns, and volunteers.

F. PROCEDURES

1. Clients shall be informed in writing or verbally that no individual shall be excluded from or denied access to programs, services or treatment provided by DCHS on the grounds of race, color, national origin, religion, sex, sexual orientation, age, marital status, political affiliation, physical or mental disability, or any other protected class established by Oregon or federal law.
2. Nondiscrimination in Access and Service Delivery policy will be displayed in public areas at all DCHS sites.
3. In order to inform the public that DCHS will not discriminate, DCHS will include on all its locally produced materials, brochures, flyers, ads and websites the following language:

“Deschutes County encourages qualified persons with disabilities to participate in its programs and activities. To request this publication in an alternate format, please send an email to healthservices@deschutes.org

4. In order to inform the public that DCHS facilities are accessible to people with disabilities, DCHS will include on all event/meeting announcements, flyers and other event notices the following language:

“Deschutes County encourages persons with disabilities to participate in all programs and activities. This event/location is accessible to people with disabilities. If you need accommodations to make participation possible, please call (*INSERT the name, phone number and e-mail address of department contact person for the event*).”

5. Individuals who feel they have been discriminated against based on their race, color, national origin, religion, sex, sexual orientation, age, marital status, political affiliation, mental or physical disability, or any other protected class established by Oregon or federal law are encouraged to share their concerns with DCHS. DCHS will look into the concerns as soon as possible and will maintain the individual’s confidentiality.

Individuals may also file a written complaint with:

Deschutes County ADA Coordinator
1300 NW Wall Street, Suite 200
Bend, OR 97703
541-330-4631

Or

Department of Health & Human Services
Office for Civil Rights, Region X
2201 Sixth Avenue, M/S RX-11
Seattle, WA 98121-1831
Toll Free Voice: 1-800-368-1019
TTY: 1-206-615-2296

G. RECORDS

| Record | Where Filed | Responsible Individual | Indexing Method | Minimum Retention Time |
|--------|-------------|------------------------|-----------------|------------------------|
| None | | | | |

H. RELATED DOCUMENTATION

Client Rights Policy

I. REVISION LOG

| Issue No. | Issue Date | Description of Change(s) | Next Review Date |
|-----------|------------|---|------------------|
| 1.2 | 1/21/2022 | Reviewed and updated. | 1/21/2025 |
| 1.1 | 5/25/2018 | Reviewed and updated. | 5/25/2020 |
| 1.0 | 1/29/2015 | Reformatted; separated procedures from policy | 1/29/2018 |

J. AUTHORIZATION

| <u>AUTHORIZATION</u> | | |
|----------------------|----------------------------------|------|
| Name | Title | Date |
| Erik Kropp | Interim Health Services Director | |
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