



Notice Informing Our Patients of Nondiscrimination
Discrimination is Against the Law
Affordable Care Act: Section 1557 Notice

Augusta Health Care for Women complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, sexual orientation, gender identity, veteran status, or any other characteristic protected by law. **Augusta Health Care for Women** does not exclude people or treat them differently because of race, color, religion, sex, age, national origin, disability, sexual orientation, gender identity, veteran status, or any other characteristic protected by law.

Augusta Health Care for Women:

- 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 any of these services, contact Rachel Smith, Practice Administrator (540) 213-7750.

If you believe that **Augusta Health Care for Women** has failed to provide these services or discriminated in another way on the basis of race, color, religion, sex, age, national origin, disability, sexual orientation, gender identity, veteran status, or any other characteristic protected by law, you can file a grievance with:

Rachel Smith, Practice Administrator
Augusta Health Care for Women
39 Beam Lane
Fishersville, VA 22939

1-(540) 213-7750
rsmith@ahcfw.net

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, **Rachel Smith** 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, 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>.

**ATTENTION: Language assistance services are also available to you free of charge.
If you need language assistance services - call 1- (540) 213-7750.**

Limited English Proficiency

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-540-213-7750

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 1-540-213-7750

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-540-213-7750

Korean

주의: 한국어를 _사용하시는 _경우, 언어 _지원 _서비스를 _무료로 _이용하실 _수 _있습니다. 1-540-213-7750

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-540-213-7750

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل بر 1-540-213-7750

Hmong

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-540-213-7750

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-540-213-7750

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-540-213-7750

Gujarati

ચુના: જો તમે જરાતી બોલતા હો, તો િન:લુઝ ભાષા સહાય સેવાઓ તમારા માટ ઉપલબ્ધ છ. ફોન કરો 1-540-213-7750

Cambodian

្រូបយ័ត៖ េប៊ីសិនអភិវឌ្ឍន៍ ើង, េសជំនួយផ្នែក េងមិនគិតលុយ គឺចូលសំបុត្រេអក។ ូរ ូរសំព 1-540-213-7750

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-540-213-7750

Hindi

ध्यान द: यद आप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1-540-213-7750 पर कॉल कर।

Lao

ໄປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ 1-540-213-7750

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。1-540-213-7750

Affordable Care Act Grievance Procedure

It is the policy of **Augusta Health Care for Women** not to discriminate on the basis of race, color, religion, sex, age, national origin, disability, sexual orientation, gender identity, veteran status, or any other characteristic protected by law. **Augusta Health Care for Women** 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, religion, sex, age, national origin, disability, sexual orientation, gender identity, veteran status, or any other characteristic protected by law in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of **Rachel Smith, Practice Administrator**, 39 Beam Lane, Fishersville, VA 22939, (540) 213-7750, rsmith@ahcfw.net, who has been designated as the **Section 1557 Coordinator** to coordinate the efforts of **Augusta Health Care for Women** to comply with Section 1557 of the Affordable Care Act (*42 U.S.C. 18116*).

Any person who believes someone has been subjected to discrimination on the basis of race, color, religion, sex, age, national origin, disability, sexual orientation, gender identity, veteran status, or any other characteristic protected by law may file a grievance under this procedure. It is against the law for **Augusta Health Care for Women** to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

Procedure to follow to report a formal Grievance:

- Grievances must be submitted to **Rachel Smith, 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 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. **Rachel Smith, the Section 1557 Coordinator**, will maintain the files and records of **Augusta Health Care for Women** 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.
- **Rachel Smith, Practice Administrator and 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 person filing the grievance may appeal the decision of the **Section 1557 Coordinator** by writing to the **Chairman of the Board of Directors for Augusta Health Care for Women, PLC** within 15 days of receiving the **Section 1557 Coordinator's** decision. The **Board of Directors for Augusta Health Care for Women, PLC** shall issue a written decision in response to the appeal no later than 30 days after its filing.

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, religion, sex, age, national origin, disability, sexual orientation, gender identity, veteran status, or any other characteristic protected by law 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

1-800-368-1019, 800-537-7697 (TDD)

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

NOTE: Such complaints must be filed within 180 days of the date of the alleged discrimination.