



Notice of Nondiscrimination

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

Health Share of Oregon:

- 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 the Senior Manager of Compliance, Quality Assurance and Performance Improvement. If you believe that Health Share of Oregon 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: Senior Manager of Compliance, Quality Assurance and Performance Improvement, Health Share of Oregon, 2121 SW Broadway, Suite 200, Portland, OR 97201, 503-416-1459, FAX: 503-416-4981, civilrights@healthshareoregon.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Senior Manager of Compliance, Quality Assurance and Performance Improvement 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>.

Language Interpretation Services Available

ATTENTION: Free translation services are available if you need them. Call 1-503-416-8900 or 1-888-519-3845 TTY/TDD 711.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-503-416-8900 or 1-888-519-3845 TTY/TDD 711.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-503-416-8900 or телетайп: 1-888-519-3845 TTY/TDD 711.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-503-416-8900 or 1-888-519-3845 TTY/TDD 711.

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 1-503-416-8900 or 1-888-519-3845 TTY/TDD 711。

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (رقم هاتف الصم والبكم) 1-503-416-8900 or 1-888-519-3845 TTY/TDD 711

တသွင်း- နမူကတိ ကညီ ကျိအထိ, နမူနာ ကျိအတော်မစားလော့ တလက်တူလ်တူ နီတံတံသုန့်လီ. ကိ:
1-503-416-8900 or 1-888-519-3845 TTY/TDD 711.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-503-416-8900 or 1-888-519-3845 TTY/TDD 711 번으로 전화해 주십시오.

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-503-416-8900 or टिटिवाइ: 1-888-519-3845 TTY/TDD 711

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-503-416-8900 or 1-888-519-3845 TTY/TDD 711.

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-503-416-8900 تماس بگیرید. (TTY: 1-888-519-3845 TTY/TDD 711)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-503-416-8900 or 1-888-519-3845 TTY/TDD 711.

ປຼືວ່າ: ເບີສົ່ງສູ່ຄືນຍາຍ ກາລາໂຊຍ, ເລກຊ່ອງຜູ້ກາລາ ເຂາຍຍິສຸດຊຽນ ສື່ກອນສຳຄັນບໍ່ຜູ້ສູ່ກາ ຫຼື ອຸສັດ 1-503-416-8900 or 1-888-519-3845 TTY/TDD 711

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-503-416-8900 or 1-888-519-3845 TTY/TDD 711.