

# CHOICES

Palliative Care

*Specialized care at home*

877-898-0685

## Notice of Nondiscrimination in Health Programs and Activities

Choices Palliative Care does not discriminate on the basis of race, religion, color, national origin, ancestry, age, disability, gender or gender identity, sexual orientation, marital status or medical condition in its health programs and activities.

We will provide appropriate aids and services without charge and in a timely manner, including qualified interpreters, for people with disabilities.

We will provide language assistance including translated documents and oral interpretation free of charge and in a timely manner.

To obtain aids and services please inform a staff member who will obtain the resources you need.

### Grievance Procedure:

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 Choices Palliative Care to retaliate against anyone who opposes discrimination, files a grievance or participates in the investigation of a grievance.

The Section 1557 Coordinator who is responsible for compliance is the Director of Quality and Compliance. You may contact them via compliance hotline phone number 717-391-2446.

The person filing the grievance may appeal the decision of the Section 1557 Coordinator by writing to the Vice President of Patient Care within 15 days of receiving the Section 1557 Coordinator's decision. The Vice President of Patient Care issues 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, 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, at:

<https://ocrportal.hhs.gov/ocr/portal/>

Or by mail, phone or email at:

U.S. Department of Health and Human Services

200 Independence Avenue SW

Room 509F, HHH Building

Washington, DC 20201

Telephone: 1-800-368-1019; TDD: 1-800-537-7697; Email: [OCRCComplaint@hhs.gov](mailto:OCRCComplaint@hhs.gov)