**The Outpatient Center of Boynton Beach Nondiscrimination Notice**

The Outpatient Center of Boynton Beach complies with applicable Federal civil rights laws and does not discriminate on the basis of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation and gender identity or expression. The Outpatient Center of Boynton Beach does not exclude people or treat them differently because of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation and gender identity or expression.

The Outpatient Center of Boynton Beach:

* Provides free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:
* qualified sign language interpreters, video remote interpreting or other aids for hearing impaired individuals
* written information in multiple formats including large print, audio, accessible electronic formats, or other formats for visually impaired individuals
* Provides free language services to people whose primary language is not English, such as:
	+ qualified interpreters or a language line
	+ information written in other languages

If you need these services, contact The Outpatient Center of Boynton Beach’s ADA Coordinator at 561-732-5900.

If you believe that The Outpatient Center of Boynton Beach 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:

ADA Coordinator

The Outpatient Center of Boynton Beach

2351 South Seacrest Blvd

Boynton, Florida 33435

561-732-7677

idrodriguez@uspi.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, The Outpatient Center of Boynton Beach’s ADA Coordinator 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>

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| English | ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-561-732-5900. |
| Spanish | ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-561-732-5900. |
| French Creole | ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-561-732-5900. |
| Vietnamese | CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-561-732-5900. |
| Portuguese | ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-561-732-5900  |
| 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 1-561-732-5900 。 |
| French | ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-561-732-5900. |
| Tagalog | PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-561-732-5900. |
| Russian | ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-561-732-5900. |
| Arabic | ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-165-237-0095 . |
| Italian | ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-561-732-5900. |
| German | ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-561-732-5900. |
| Korean | 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-561-732-5900 번으로 전화해 주십시오. |
| Polish | UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-561-732-5900. |
| Gujarati | સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-561-732-5900. |
| Thai | ยน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-561-732-5900  |