



### Notice of Non-Discrimination and Accessibility

Peninsula Regional Medical Center (the “Hospital”) complies with all applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age or disability. The Hospital does not exclude people or treat them differently because of race, color, national origin, sex, age or disability.

The Hospital:

- 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; and
  - Information written in other languages

These services may be obtained by contacting the Peninsula Regional Medical Center Nursing Supervisors Office at 1-410-543-7211.

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

If you believe that the Hospital has failed to provide these services or discriminated in any other way on the basis of race, color, national origin, sex, age or disability, you can file a grievance with:

Peninsula Regional Medical Center Patient Experience Department  
100 East Carroll Street  
Salisbury, Maryland 21801  
Phone No.: 1-410-546-6400  
Fax No.: 1-410-543-7102  
TTY No.: 1-800-735-2258

You can also file a grievance 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; which is available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or by phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201. 1-800-368-1019, (TDD) 1-800-537-7697.

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed with 180 days of the date of the alleged discrimination.



**Spanish:**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-410-546-6400; TTY 1-800-735-2258

**Amharic:**

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-410-546-6400; TTY 1-800-735-2258

**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1-410-546-6400; TTY 1-800-735-2258

**French:**

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-410-546-6400; TTY 1-800-735-2258

**Tagalog:**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-410-546-6400; TTY 1-800-735-2258

**Russian:**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-410-546-6400; TTY 1-800-735-2258

**Portuguese:**

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-410-546-6400; TTY 1-800-735-2258

**Vietnamese:**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-410-546-6400; TTY 1-800-735-2258

**Kru (Bassa):**

Dè dè nià ke dyédé gbo: Ɔ jũ ké m̄ [Bàsòò-wùdù-po-nyò] jũ ní, níí, à wudu kà kò dọ po-poò béin m̄ gbo kpáa. Ɖá 1-410-546-6400; TTY 1-800-735-2258

**Ibo:**

Ntị: Ọ bụrụ na asụ Ibo, asụsụ aka ọasụ n'efu, defu, aka. 1-410-546-6400; TTY 1-800-735-2258

**Yoruba:**

AKIYESI: Bi o ba nsọ èdè Yorùbú ọfẹ ni iranlowọ lori èdè wa fun yin o. Ẹ pe ẹrọ-ibanisọrọ yi 1-410-546-6400; TTY 1-800-735-2258

**Korean:**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-410-546-6400; TTY 1-800-735-2258 번으로 전화해 주십시오.

**French Creole:**

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-410-546-6400; TTY 1-800-735-2258

**Farsi:**

دیکن یم گفتگو یفارس زبان به اگر توجه شما یبرا گان یرا بصورت یزبان لاتیتسه یم فراهم 1-410-546-6400; TTY 1-800-735-2258 دیری بگ تماس با باشد.

**Urdu:**

زبان کو آپ تو، ھیہ بولتے اردو آپ اگر: خبردار کال - ھیہ ابی دست ھیہ مفت خدمات ھیہ مدد ھیہ 1-410-546-6400; TTY 1-800-735-2258 ھیہ کر