

NOTICE REGARDING NON-DISCRIMINATION AND ACCESSIBILITY REQUIREMENTS

Mid-Atlantic Surgery Pavilion complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Mid-Atlantic Surgery Pavilion does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Mid-Atlantic Surgery Pavilion cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Mid-Atlantic Surgery Pavilion 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

Mid-Atlantic Surgery Pavilion:

- 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 Tina DiMarino, Civil Rights Coordinator.

If you believe that Mid-Atlantic Surgery Pavilion 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: Tina DiMarino, Mid-Atlantic Surgery Pavilion 1111 Beards Hill Road, Suite 700 Aberdeen, MD 21001 Phone 410-273-9096; fax 410-273-9146. You can file a grievance in person or by mail or fax. If you need help filing a grievance, Tina DiMarino 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, DC 20201
800-368-1019, 800-537-7697 (TDD)

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

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-410-273-9096

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 1-410-273-9096

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-410-273-9096

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-410-273-9096

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-410-273-9096

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-410-273-9096

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-410-273-9096

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-410-273-9096

Nti: Ọ bụrụ na asụ Ibo, asụsụ aka ọasụ n’efu, defu, aka. Call 1-410-273-9096

میں مفت خدمات کی مدد کی زبان کو آپ تو وہ ہیں، بولتے اردو آپ اگر بخبردار
بہیں دس دیاب 1-410-273-9096

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-410-273-9096

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-410-273-9096

اللغوية المساعدة خدمات في إن اللغة، اذكر ت تحدث ك نت إذا: ملحوظة -1-410-273-9096
ب رقم ات صل ب الامجان لك ت توافر

युना: जो तमे ञराती बोलता हो, तो िनःःकु भाषा सहाय सेवाओ तमारा माट

ઉપલબ્ધ છ. ફોન કરો 1-410-273-9096