

## **Notice**

## Your Rights under Section 1557 of the Affordable Care Act

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

SIH Harrisburg Medical Center provides language assistance and services at no cost to patients/ family members/companions with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters; and
- Information provided in other formats (large print, audio, electronic formats, and others).

The hospital also provides language assistance and services as no cost to patients/family members/companions whose primary language is not English, such as:

- Qualified interpreters; and
- Information written in other languages.

## If you need these services, contact the Nursing Supervisor at: 618.253.7671 ext. 10311.

If you believe that SIH Harrisburg Medical Center has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you may file a grievance with the Patient Experience Department, 100 Dr. Warren Tuttle Drive, Harrisburg, IL 62946 or by calling the Nursing Supervisor at 618.253.7671 ext. 10311. You may file a grievance in person or by mail. If you need help filing a grievance, a Patient Experience Representative is available to help you M-F, 8 a.m. - 4:30 p.m.

You may 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 <a href="http://ocrportal.hhs.gov/ocr/portal/lobby.jsf">http://ocrportal.hhs.gov/ocr/portal/lobby.jsf</a>, 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, 1-800-868-1019, 800-537-7697 (TDD). Complaint forms are available at: <a href="http://www.hhs.gov/ocr/office/file/index.html">http://www.hhs.gov/ocr/office/file/index.html</a>.