



Notice of Non-Discrimination

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

Hospice of the Northwest:

- 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 Christine Nidd at (360) 814-5550.

If you believe that Hospice of the Northwest 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:

Christine Nidd, Manager of Quality and Compliance
227 Freeway Drive, Suite A • Mount Vernon, WA • 98273
Phone (360) 814-5550 • Fax (360) 814-5591 • CNidd@hospicenw.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Christine Nidd 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>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-894-5877 (TTY: 1-800-833-6388).

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 1-800-894-5877 (TTY: 1-800-833-6388)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-894-5877 (TTY: 1-800-833-6388).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-894-5877 (TTY: 1-800-833-6388)번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-894-5877 (телетайп: 1-800-833-6388).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-894-5877 (TTY: 1-800-833-6388).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-894-5877 (телетайп: 1-800-833-6388).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្មើស គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-894-5877 (TTY: 1-800-833-6388)។

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-894-5877 (TTY: 1-800-833-6388) まで、お電話にてご連絡ください。

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-894-5877 (መስማት ለተሳናቸው: 1-800-833-6388)።

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-894-5877 (TTY: 1-800-833-6388).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-894-5877 (رقم هاتف الصم والبكم: 1-800-833-6388).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-894-5877 (TTY: 1-800-833-6388) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-894-5877 (TTY: 1-800-833-6388).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ ທ່ານ. ໂທສ 1-800-894-5877 (TTY: 1-800-833-6388).



Non-Discrimination Grievance Procedure

105632 Policy/Procedure
Hospice of the Northwest Official (Rev: 0)

Purpose

To ensure that all patients and visitors of Hospice of the Northwest are treated with equality, in a welcoming, nondiscriminatory manner.

Policy

It is the policy of Hospice of the Northwest not to discriminate on the basis of race, color, religion, national origin, gender, gender identity, gender expression, sexual orientation, age or disability. Hospice of the Northwest has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. § 18116) and its implementing regulations at 45 C.F.R. pt. 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of Christine Nidd, Manager of Quality and Compliance, who has been designated to coordinate the efforts of Hospice of the Northwest to comply with Section 1557. Christine Nidd can be reached at: 227 Freeway Dr., Suite A Mount Vernon, WA 98274 Phone (360) 814-5550 Fax (360) 814-5591 CNidd@hospicenw.org.

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

Procedure

1. Grievances must be submitted to the Section 1557 Coordinator within (60 days) of the date the person filing the grievance becomes aware of the alleged discriminatory action. A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
2. The Section 1557 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 1557 Coordinator will maintain the files and records of Hospice of the Northwest relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
3. The Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies. • The person filing the grievance may appeal the decision of the Section 1557 Coordinator by writing to the Executive Directors within 15 days of receiving the Section 1557 Coordinator's decision. The Executive Director shall issue a written decision in response to the appeal no later than 30 days after its filing.

4. 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, which is available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services.
5. Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination. Hospice of the Northwest will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed, to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing recordings of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.

200 Independence Avenue, SW
 Room 509F, HHH Building
 Washington, D.C. 20201

Referenced Documents

Reference Type	Title	Notes
Documents referenced by this document		
Referenced Documents	http://www.hhs.gov/ocr/office/file/index.html	
Referenced Documents	https://ocrportal.hhs.gov/ocr/portal/lobby.jsf	
Current Effective Date	10/20/2016	Next Review Date 10/20/2018
Original Effective Date	10/20/2016	Document Owner Nidd, Frances

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