



BROWN MEDICINE
BROWN PHYSICIANS, INC.

NOTICE OF NON-DISCRIMINATION

Discrimination is Against the Law

Brown Medicine complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, religion, disability, veteran status, economic status, sexual orientation or gender identity. Brown Medicine does not exclude, deny access/benefits to health care or otherwise treat differently any person on the basis of race, color, national origin, age, religion, disability, veteran status, economic status, sexual orientation or gender identity.

Brown Medicine provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters; free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, please contact your doctor's office.

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

Brown Medicine Patient Liaison
593 Eddy Street, Providence, RI, 02903
Telephone: 1-877-771-7401
Fax: 1-401-784-4902
Email: Med.Contactus@brownphysicians.org

You can file a grievance in person or by mail, fax, or email. You must send the complaint within 60 days of when you found out about the issue. If you need help filing a grievance, the Brown Medicine Patient Liaison can 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
800-368-1019, 800-537-7697 (TTY)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

SPANISH: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. 1-401-443-4999

PORTUGUESE: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-401-443-4999

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 1-401-443-4999

CREOLE: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-401-443-4999

CAMBODIAN: ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសាដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-401-443-4999

BASSA: Dè dɛ nìà kɛ dyédé gbo: ɔ̃ jũ ké m̃ [Bàsɔ̀-wùdù-po-nyò] jũ ní, nìí, à wuɖu kà kò dò po-poò b̃éin m̃ gbo kpáa. Đá 1-401-443-4999

IBO: Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-401-443-4999

POLISH: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-401-443-4999

YORUBA: AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-401-443-4999

VIETNAMESE: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-401-443-4999

FRENCH: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-401-443-4999.

ITALIAN: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-401-443-4999

LAOTIAN: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອ ດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-401-443-4999

RUSSIAN: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-401-443-4999

ARABIC: ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر
بالمجان. اتصل برقم 4999-443-401-1