

Eyecare Medical Group

Nondiscrimination and Accessibility Notice

Eyecare Medical Group complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). **Eyecare Medical Group** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

Eyecare Medical Group:

1. Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - a. Qualified sign language interpreters
 - b. Written information in other formats (large print, audio, accessible electronic formats, and other formats)
2. Provides free language services to people whose primary language is not English, such as:
 - a. Qualified interpreters
 - b. Information written in other languages
3. If you need these services, please contact Eyecare Medical Group's Quality and Compliance Manager during normal business hours. Reasonable efforts will be made to provide appropriate auxiliary aids and language assistance in a timely manner.

How to File a Grievance:

If you believe that **Eyecare Medical Group** 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:

Eyecare Medical Group Quality and Compliance Manager

53 Sewall Street, Portland, ME 04102,
Phone: 207-828-2020 or toll free, 1-888-374-2020
Fax: 207-773-7034

You can file a grievance in person or by mail or fax. If you need help filing a grievance, our Quality and Compliance Manager is available to help you. Grievances should be submitted as soon as reasonably possible after the alleged incident.

Filing a Civil rights Complaint with HHS

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:

<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
Phone: 1-800-368-1019
TDD: 800-537-7697

Complaint forms and additional information are available at:

<https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>

Notice of Availability for Help in Other Languages:

If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-888-374-2020

<p>Français (French) ATTENTION: Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Appelez le 1-888-374-2020 ou parlez à votre fournisseur.</p>	<p>Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-374-2020 o hable con su proveedor.</p>	<p>中文 (Chinese) 注意: 如果您說中文，我們可為您免費提供語言協助服務。 請致電 1-888-374-2020 或與您的醫療提供者交談。</p>
<p>Tiếng Việt (Vietnamese) LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Gọi 1-888-374-2020 hoặc trao đổi với nhà cung cấp dịch vụ của bạn.</p>	<p>العربية (Arabic) تنبيه: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية المجانية متوفرة لك. اتصل على 1-888-374-2020 أو تحدث مع مقدم الخدمة.</p>	<p>Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachunterstützungsdienste zur Verfügung. Rufen Sie 1-888-374-2020 an oder sprechen Sie mit Ihrem Anbieter.</p>
<p>Русский (Russian) ВНИМАНИЕ: Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки. Позвоните по телефону 1-888-374-2020 или обратитесь к своему поставщику услуг.</p>	<p>हिंदी (Hindi) ध्यान दें: यदि आप हिंदी बोलते हैं, तो निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। 1-888-374-2020 पर कॉल करें या अपने प्रदाता से बात करें।</p>	<p>Português (Portuguese) ATENÇÃO: Se você fala português, serviços gratuitos de assistência linguística estão disponíveis. Ligue para 1-888-374-2020 ou fale com seu provedor.</p>
<p>Polski (Polish) UWAGA: Jeśli mówisz po polsku, dostępne są bezpłatne usługi pomocy językowej. Zadzwoń pod numer 1-888-374-2020 lub porozmawiaj z dostawcą.</p>	<p>日本語 (Japanese) 注意: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。 1-888-374-2020 にお電話いただくか、提供者にご相談ください。</p>	<p>한국어 (Korean) 주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 1-888-374-2020으로 전화하거나 제공자와 상담하십시오.</p>
<p>Tagalog PAALALA: Kung nagsasalita ka ng Tagalog, may libreng serbisyong tulong sa wika para sa iyo. Tumawag sa 1-888-374-2020 o makipag-usap sa iyong provider.</p>	<p>ไทย (Thai) หมายเหตุ: หากคุณพูดภาษาไทย มีบริการช่วยเหลือด้านภาษาโดยไม่เสียค่าใช้จ่าย โทร 1-888-374-2020 หรือพูดคุยกับผู้ให้บริการของคุณ</p>	<p>Italiano (Italian) ATTENZIONE: Se parli italiano, sono disponibili servizi gratuiti di assistenza linguistica. Chiama il 1-888-374-2020 o parla con il tuo fornitore.</p>