

تَكْرِمًا لِكُلِّ مَن تَمَنَّى كَلِمَةً طَيِّبَةً لِّسَانِهِ . كَرَّمَ اللهُ لَيْحًا صَافِيَةً

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

Vietnamese: Chú ý: Nếu bạn nói tiếng Anh, Dịch vụ hỗ trợ ngôn ngữ, miễn phí, có sẵn cho bạn. Gọi

Non-Discrimination and Accessibility

In providing behavioral healthcare services, [PIHP Name Here] complies with all applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. [PIHP Name] does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

[PIHP Name] 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, Braille)
- [PIHP Name] provides free language services to people whose primary language is not English or have limited English skills, such as:
- Qualified interpreters
- Information written in other languages

If you need these services, contact **[Your Organization's Contact Person, Department, and Title, at Your Organization's Contact Number]**

If you believe that **[Your Organization]** 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: **[Your Organization's Contact Person at Your Organization's Address, Phone Number, Fax and Email.]**

If you are a person who is deaf or hard of hearing, you may contact **[Your Organization]** at **[Your Organization's TTY Number]** or MI Relay Service at 711 to request their assistance in connecting you to **[Your Organization]**. You can file a grievance in person or by mail, fax or email. If you need help in filing a grievance, **[Your Organization's Grievance Coordinator]** 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. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

You may also file a grievance 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
Toll Free: 1-800-368-1019**