



## Notice of Non-Discrimination of Health Programs and Activities

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

Shore Medical Center:

- 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, etc.)
- Provides free language services to people whose primary language is not English, such as:
  - Trained, qualified interpreters
  - Information written in other languages

If you need these services, contact the Patient Advocate at 609-653-3882.

If you believe that Shore Medical Center has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, or gender identity/expression you can file a grievance in person, by mail, fax and email with:

**Patient Advocate and Section 1557 Compliance Coordinator**

**100 Medical Center Way, Somers Point, NJ 08244**

**Phone: 609.653.3882 Fax: 609.653.3995**

**Email: [Patientexperience@shoremedicalcenter.org](mailto:Patientexperience@shoremedicalcenter.org)**

Complaint forms are available at: <http://shoremedicalcenter.org/inquiries>

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>.

### **Español (Spanish)**

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

### **繁體中文 (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

### **한국어 (Korean)**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

### **Português (Portuguese)**

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis.

## ગુજરાતી (Gujarati)

યુના: જો તમે જરાતી બોલતા હો, તો િન:લુકુ ભાષા સહાય સેવાઓ તમારા માટ ઉપલબ્ધ છ.

## Polski (Polish)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer.

## Italiano (Italian)

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti.

## ةيبرعلا (Arabic)

مقرب ل لصتا . ن اجملا اب كل رفاوتت ةىوغلل ةدعاسملا تامدخ نإف ، ةغلل ركذا ثدحتت تنك اذا : ةظوح لم

## Tagalog (Tagalog – Filipino)

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

## Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

## Kreyòl Ayisyen (French Creole)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou.

## हिंदी (Hindi)

ध्यान द: यद आप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह।

## Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

## Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

## اُردُو (Urdu)

لاک - یں باایتسد یں تفم تامدخ ی دم یک نابز وک پآ وت ، یں ےتلوب ودر پآ رگا : رادربخ