

Notice Informing Individuals About Nondiscrimination and Accessibility Requirements

Avera Creighton Hospital/Avera Creighton Care Centre complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Avera Creighton Hospital/Avera Creighton Care Centre does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Avera Creighton Hospital/Avera Creighton Care Centre:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters; and
 - 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; and
 - Information written in other languages

If you need these services, contact the Section 1557 Coordinator.

If you believe that Avera Creighton Hospital/Avera Creighton Care Centre 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:

Section 1557 Coordinator – Monica Morrill
1503 Main Street
Creighton, NE 68729
402-358-5700
402-358-5769
Monica.Morrill@avera.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 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, 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>.

Appendix B to Part 92—Sample Tagline Informing Individuals With Limited English Proficiency of Language Assistance Services

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-877-8339 (TTY:1-202-720-2600)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-877-8339 (TTY:1-202-720-2600).

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 1-800-877-8339 (TTY:1-202-720-2600)。

انجمل اب كل رفاوتت ةىوغلل ا ةدعاسمل تامدخ نإف، ةغلل ركذا ثدحتت تنك اذا: ةظوحلم 1-800-877-8339) مقرب لصتا 1 م:كبل او مصل افتاه: (1-202-720-2600).

ဟံ့သ့ဟံ့သး- နမ့ကတိ ကညီ ကျိအယိ. နမန့ ကျိအတိမၤစၢလၢ တလၢက့ၣ်လၢက့ၣ် နီတမံၤဘၣ်သ့န့ၣ်လီၤ. ကိ: 1-800-877-8339 (TTY:1-202-720-2600)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-877-8339 (ATS : 1-202-720-2600).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-877-8339 (TTY: 1-202-720-2600).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-877-8339 (TTY: 1-202-720-2600)번으로 전화해 주십시오.

ध्यान ॥दनुहोसः तपाइले नेपाल॥ बोल्नहन्छ भन तपाइको ॥निम्त भाषा सहायता सवाहरु ॥नःशल्क रूपमा उपलब्ध छ । फोन गनुहोसर १-800-877-8339 (१-२०२-७२०-२६००) ।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-877-8339 (телетайп: 1-202-720-2600).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ 1-800-877-8339 (TTY: 1-202-720-2600).

ئاگاداری: ئەگەر بە زمانی کوردی قەسە دەکەیت، خزمەتگوزاری بەکاتی یارمەتی زمان، بەخۆرای، بو تو بەر دەستە. پەیوەندی بە 1-800-877-8339 (TTY 1-202-720-2600) بە.

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。1-800-877-8339 (TTY: 1-202-720-2600)。まで、お電話にてご連絡ください。

Avera Creighton Hospital/Avera Creighton Care Centre complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Section 1557 Grievance Procedure

It is the policy of Avera Creighton Hospital/Avera Creighton Care Centre not to discriminate on the basis of race, color, national origin, sex, age or disability. Avera Creighton Hospital/Avera Creighton Care Centre 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:

Section 1557 Coordinator – Monica Morrill
1503 Main Street
Creighton, NE 68729
402-358-5700
402-358-5769
Monica.Morrill@avera.org

who has been designated to coordinate the efforts of Avera Creighton Hospital/Avera Creighton Care Centre to comply with Section 1557.

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 Avera Creighton Hospital/Avera Creighton Care Centre to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

Procedure:

- 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.
- 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 Avera Creighton Hospital/Avera Creighton Care Centre 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.

- 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 Administrator/Chief Executive Officer within 15 days of receiving the Section 1557 Coordinator's decision. The Administrator/Chief Executive Officer shall issue a written decision in response to the appeal no later than 30 days after its filing.

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
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-868-1019
800-537-7697 (TDD)

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.

Avera Creighton Hospital/Avera Creighton Care Centre 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 taped cassettes 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.