

Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Pender Community Hospital District Inc. & Pender Care Centre District Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. Pender Community Hospital District Inc. & Pender Care Centre District Inc. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Pender Community Hospital District Inc. & Pender Care Centre District Inc.:

- 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, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Nursing Services 402-385-4066 or quality and risk management at 402-385-4040.

If you believe that Pender Community Hospital District Inc. & Pender Care Centre District Inc. has failed to provide these services or discriminated in another way on the basis of race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity, you can file a grievance with the CEO in person or by mail to 100 Hospital Drive Pender NE 68047 68047 or call 402-385-3083 or fax 402-385-1870 or email info@pchne.org. If you need help filing a grievance, the quality and risk management team 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
509G 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:

Spanish –

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-402- 3083

Vietnamese -

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-402-385-3083

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 1-402-385-3083

Arabic –

ب رقم م ات صل. ب ال مجان ل ك ت تواف ر ال لغوى ة ال م ساعدة خدمات ف إن ال لغة، اذك ر ت تحدث ك نت إذا م: لحوظة 1-402-385-3083

unD (Karen)

LALE: Ñe kwōj kōnono Kajin Mājōl, kwomaroñ bōk jerbāl in jipañ ilo kajin ñe aṃ ejjeļok wōñāān. Kaalok 1-402- 385-3083

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-402-385-3083

Oroomiffa (Oromo)

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1- xxx-xxx-xxxx

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-402-385-3083

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-402-385-3083번으로 전화해 주십시오

Nepali

ध्यान ♦दनहोसः तपाइले नेपाल ♦बोल्नहन्छ भन तपाइको ♦ननमत् भाषा सहायता सवाहरू ♦नःशल्क रूपमा उपलब्ध छ । फोन गनहोसर ् 1-402-385-3083

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1- 402-385-3083

ພາສາລາວ (Lao,Laotian)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານ ວ່າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍ ບໍ່ມີ ຄ່າ, ແມ່ນ ມີ ອາໄສໃຫ້ທ່ານ. ໂທ 1-402-385-3083

Kurdish

تۆبۆب ههخۆرای ی، زمان، ی ارمهه تی خزمهه ت گوزاری هه کان ی دهک هه یت، ق هه سهه ک وردی زمان ی ب هه ئ هه گهر
ئ اگ اداری 1-402-385-3083. ب هه که. ب هه دهه س ته:

Farsi/Persian

ف راهم 1-402-385-3083 شما ب رای رای گان ب صورت زب ان ی ت سهه یالت ک ن ید، می گ ف ت گو ف ار سی زب ان ب
هه اگ ر: ت وجهه. ب گ یری د ت ماس ب ا. ب ا شد می

Japanese

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。1-402-385-3083 まで、お電話にてご連絡ください。