

# Non-Discrimination Statement

Each Centura Health facility complies with applicable Federal civil rights laws and prohibits discrimination on the basis of race, color, national origin, age, disability, or sex. Centura Health facilities do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

**Each Centura Health facility 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 which may include: large print, audio, accessible electronic formats, or 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, please request assistance from staff. If staff is unable to assist you, please contact the facility Sections 504/1557 Coordinator.

It is against the law to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance. If you believe that a Centura Health facility 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:

Cynthia Griffin | Patient Relations Coordinator and Sections 504/1557 Coordinator | 14300 Orchard Parkway | Westminster, CO 80023  
Phone 720-627-0179 | TTY: 771 | Fax 720-627-3545 | [CynthiaGriffin@centura.org](mailto:CynthiaGriffin@centura.org)

You can file a grievance in person or by mail, fax, or email within 60 days of the date you become aware of the alleged discriminatory act. If you need help filing a grievance, the above mentioned Sections 504/1557 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, DC 20201  
1-800-368-1019  
1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

## Proficiency of Language Assistance Services

Attention: If you speak a language other than English, assistance services, free of charge, are available to you. Call 1-720-627-0179 (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-720-627-0179 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-720-627-0179 (TTY: 711).

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 1-720-627-0179 (TTY: 711)。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-720-627-0179 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-720-627-0179 (TTY: 711).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-720-627-0179 (መስማት ለተሳናቸው፡ TTY: 711)።

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-720-627-0179 (رقم هاتف الصم والبكم): (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-720-627-0179 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-720-627-0179 (TTY: 711).

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-720-627-0179 (टिटिवाइ: (TTY: 711) ।

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-720-627-0179 (TTY: 711).

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。1-720-627-0179 (TTY: 711) まで、お電話にてご連絡ください。

Ntj: Ọ bụry na asụ Ibo, asụsụ aka ọasụ n'efu, defu, aka. Call 1-720-627-0179 (TTY: 711).

AKIYESI: Bi o ba nsọ èdè Yorùbú ọfẹ ni iranlọwọ lori èdè wa fun yin o. Ẹ pe ẹrọ-ibanisọrọ yi 1-720-627-0179 (TTY: 711).

LA SOCO: Haddii aad ku hadashid Soomaali, waxaad heli kartaa adeegyada kaalmada luqadda, oo lacag la'aan ah. Wac telefoonka 1-720-627-0179 (TTY: 711).

توجه: اگر از صحبت کنندگان زبان فارسی باشید، خدمات کمک زبانی رایگان برای شما قابل دسترسی است. لطفاً روی شماره 1-720-627-0179 تماس بگیرید (TTY: 711).

Dè dɛ nìà kɛ dyédé gbo: Ɔ jũ ké m̄ [Bàsɔ ɔ -wùdù-po-nyɔ ] jũ ní, nǐ, à wuɖu kà kò dò po-poò bɛ ìn m̄ gbo kpáa. Ɖá 1-720-627-0179 (TTY: 711).

## St. Anthony North Health Campus

