



La Mer Integrative & Behavioral Medical Group

Nondiscrimination Statement: Discrimination is Against the Law

La Mer Integrative & Behavioral Medical Group complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. *La Mer Integrative & Behavioral Medical Group* does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

La Mer Integrative & Behavioral Medical Group:

- 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 Don Aguirre, Civil Rights Coordinator,
Phone: (805) 477-5166

If you believe that *La Mer Integrative & Behavioral Medical Group* 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: Don Aguirre, Civil Rights Coordinator, 855 Partridge Drive, Ventura, California 93003, Phone: (805) 477-5166, Fax: (805) 477-5191, don.aguirre@ventura.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Don Aguirre, Civil Rights Coordinator, is available to help you.

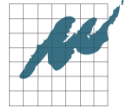
You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

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>.

P.O. Box 201, Camarillo, California, 93011
Phone: 805-388-8330 Fax: 805-388-8030
www.lamermedical.com

10/2016



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**Nondiscrimination Notice of Consumer Rights:
Section 1557 of the Accountable Care Act:**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-(805) 477-5166

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-(805) 477-5166

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-(805) 477-5166

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-(805) 477-5166

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-(805) 477-5166 번으로 전화해 주십시오.

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ:
Զանգահարեք 1-(805) 477-5166

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما تماس بگیرید. 1-(805) 477-5166 فراهم می باشد. با

P.O. Box 201, Camarillo, California, 93011

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ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-(805) 477-5166

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-(805) 477-5166まで、お電話にてご連絡ください。

مقرب لصتا. ناچملا ب كل رفاوتت ةيوغلا ةدعاسملا تامدخ نإف، ةغلا ركذا XXX-XXX-XXXX-1 (مقر
ثدحتت تنك اذا: ةظوحلم . 1-805(5166-477 :مكبلاو مصلا فتاه

ਧਿਆਨ ਿਦਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਿਵੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ
ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-(805) 477-5166 'ਤੇ ਕਾਲ ਕਰੋ।

ប្រយ័ត្ន៖ បើសិនអ្នកនិយាយខ្មែរ,
សេវាជំនួយផ្សេងៗ របស់យើង គឺឥតគិតថ្លៃ គឺសេរីសំបាប់បំប្រែអ្នក។ ចូរ
ទូរស័ព្ទ 1-(805) 477-5166។

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb
rau koj. Hu rau 1-(805) 477-5166

ध्यान दः: यद आप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता
सेवाएं उपलब्ध ह। 1-(805) 477-5166पर कॉल कर।

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-(805) 477-5166

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