

Nondiscrimination and Accessibility Requirements and Nondiscrimination Statement: Discrimination is Against the Law

Solaris Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Solaris Healthcare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Solaris Healthcare:

- Provides aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified 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 our Human Resource Director. If you believe that Solaris Healthcare 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: Solaris Human Resource Director, 2250 S FM 51 Suite 400, 940-627-1011, TTY number—888.376.5274, Fax: 940.627.3160, Email: Solarisfamily.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Solaris Human Resource Director 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>.

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ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-940-627-1011 (رقم هاتف الصم والبكم 1-888.376.5274).

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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 1-940-627-1011（TTY：1-888.376.5274）。

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ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-940-627-1011 (ATS : 1-888.376.5274).

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ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-940-627-1011 (TTY: 1-888.376.5274).

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ચુસ ના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશલ ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-940-627-1011 (TTY: 1-888.376.5274).

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ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मु त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-940-627-1011 (TTY: 1-888.376.5274) पर कॉल करें।

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ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-940-627-1011 (TTY: 1-888.376.5274).

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주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-940-627-1011 (TTY: 1-888.376.5274)번으로 전화해 주십시오.

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ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອພາສາ, ໂດຍບໍ່ຄ່າ,

ແມ່ນມີຮັບໃຫ້ທ່ານ. ໂທ 1-940-627-1011 (TTY: 1-888.376.5274).

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

Звоните 1-940-627-1011 (телетайп: 1-888.376.5274).

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-940-627-1011 (TTY: 1-888.376.5274).

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PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-940-627-1011 (TTY: 1-888.376.5274).

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เรียน: ถ้า คุณพูดภาษาไทยคุณสามารถใช้ บริการช่วยเหลือทางภาษาได้ ฟรี โทร 1-940-627-1011 (TTY: 1-888.376.5274).

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خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-940-627-1011 (TTY: 1-888.376.5274).

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CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-940-627-1011 (TTY: 1-888.376.5274).