

## Notice of Nondiscrimination

Community Care Cooperative (C3) complies with applicable Federal civil rights laws and does not discriminate on the basis of health status or need for health care services, race, color, national origin, age, disability, sex, sexual orientation, or gender identity. C3 does not exclude people or treat them differently because of their health status or need for health care services, race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

### C3 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)
- 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 C3:  
866-676-9226  
(TTY: 711)  
9 am – 5 pm  
Monday - Friday**

---

If you believe that C3 has failed to provide these services or discriminated in another way on the basis of health status or need for health care services, race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance:

### Community Care Cooperative

Attention: Member Advocates – Grievance  
One Federal Street, 5th Floor  
Boston, MA 02110

**Phone:** 866-676-9226 (TTY: 711)

**Fax:** 857-284-1450

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, member advocates are 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  
800-368-1019 (TDD: 800-537-7697)

You can get the claim forms on the website: <http://www.hhs.gov/ocr/office/file/index.html>