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EMORY
HEALTHCARE

Affordable Care Act - Section 1557
Nondiscrimination in Health Programs and Activities

Scope: Emory Healthcare, Inc. (EHC) entities to include, but not limited to, Emory University Hospital, Emory University Hospital Midtown, Emory University Orthopaedics & Spine Hospital, Emory Clinic, Inc., Emory Dialysis, Wesley Woods Center of Emory University, Inc., Emory Specialty Associates, Emory Johns Creek Hospital, Emory Saint Joseph's Hospital, Emory Saint Joseph's Joint Operating Company, Emory Ambulatory Surgery Centers, Emory Physical Therapy, Emory Rehabilitation Hospital in Partnership with Select Medical, Emory Rehabilitation Outpatient Center in Partnership with Select Physical Therapy, Emory Decatur Hospital, Emory Long Term Acute Care and Emory Hillandale Hospital (collectively Emory Healthcare).

Policy: EHC complies with applicable Federal Civil Rights laws and does not exclude, deny access/benefits to health care, or otherwise discriminate against or treat differently any person on the basis of race, color, national origin, disability, age, sexual orientation or stereotyping, gender identity, genetic information, pregnancy, childbirth and related medical conditions in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by EHC directly or through a contractor or any other entity with which EHC arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Affordable Act Section 1557, and Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91.

EHC provides to people with disabilities or those whose preferred language for communication is not English and who have a limited ability to read, write, speak or understand English auxiliary aids and services, such as qualified sign language interpreters, qualified spoken language interpreters, over-the-phone interpretation services, video remote interpreting, written information in other formats at no cost to people with disabilities, or are limited English proficient, in order to communicate effectively with us as we do with others.

Should you require any of these services, please let the person scheduling your appointment know about the assistance you need, and/or contact your physician's office directly prior to your appointment or contact the below appropriate Patient Advocate Office for assistance.

The Emory Clinic/ Emory Specialty Associates Patient Advocate O: 404-778-3539 Fax: 404-778-7522	Emory Saint Joseph's Hospital Patient Advocate O: 678-843-5121 Fax: 678-843-5003	Emory Johns Creek Hospital Patient Advocate O: 678-474-7028 Fax: 678-474-7660	Emory University Hospital Midtown/ Emory University Hospital at Wesley Woods/Budd Terrace Patient Advocate O: 404- 686-1999 Fax: 404-686-5901	Emory University Hospital/ Emory University Orthopaedic and Spine Hospital Patient Advocate O: 404- 686-7593 Fax: 404-712-0272	Emory Rehabilitation Hospital Quality Director O: 404-712-2590 Fax: 404-712-0463	Winship Cancer Institute Patient Advocate O: 404-778-7221 Fax: 404-778-2083	Emory Decatur Hospital/Emory Long Term Acute Care/ Emory Hillandale Hospital: Patient Advocate O: 404-501-5810

If you believe that EHC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, gender identity or sex, you can file a grievance. Please contact the Patient Advocate office for the facility for which you have the grievance (see grievance procedure below). The Patient Advocate can assist you if you need help filing a grievance.

You may also file a 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://orcportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at the U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington DC, 20201 and 1-800-368-1019, TDD 800-537-7697. Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Language Assistance Services

ATTENTION: If you speak Spanish, you have free language assistance services at your disposal.
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

ATTENTION: If you speak Vietnamese, you have free language assistance services at your disposal.
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

ATTENTION: If you speak Korean, you have free language assistance services at your disposal.
주의 : 한국어를 할 줄 아는 사람은 무료로 언어 지원 서비스를받을 수 있습니다.

ATTENTION: If you speak Chinese, you have free language assistance services at your disposal.
注意：如果您說中文, 您可以免費獲得語言協助服務。

ATTENTION: If you speak Gujarati, you have free language assistance services at your disposal.
સાવધાન: જો તમે ગુજરાતી બોલતા હો, તો તમારી પાસે મફત પ્રદાતા માટેની ભાષાકીય સહાય સેવાઓ છે.

ATTENTION: If you speak French, you have free language assistance services at your disposal.
ATTENTION: Si vous parlez français, vous disposez de services d'assistance linguistique gratuits.

ATTENTION: If you speak Amharic, you have free language assistance services at your disposal.
ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው

ATTENTION: If you speak Hindi, you have free language assistance services at your disposal.
सावधानी: यदि आप हिंदी बोलते हैं, तो आपके पास अपने निपटारे में मुफ्त भाषा सहायता सेवाएं हैं।

ATTENTION: If you speak French Creole, you have free language assistance services at your disposal.
ATANSYON: Si ou pale kreyòl franse, ou gen sèvis asistans gratis nan lang ou.

ATTENTION: If you speak Russian, you have free language assistance services at your disposal.
ВНИМАНИЕ: Если вы говорите по-русски, у вас есть бесплатные услуги языковой поддержки в вашем распоряжении.

ATTENTION: If you speak Arabic, you have free language assistance services at your disposal.
انتبه: إذا كنت تتحدث العربية ، فلديك خدمات مساعدة لغوية مجانية تحت تصرفك.

ATTENTION: If you speak Portugues, you have free language assistance services at your disposal.
ATENÇÃO: Se você fala Português, você tem serviços de assistência linguística gratuitos à sua disposição.

ATTENTION: If you speak Persian (Farsi), you have free language assistance services at your disposal.
وجه: اگر شما فارسی (فارسی) صحبت می کنید، خدمات رایگان زبان دوخ را در اختیار شما قرار می دهید.

ATTENTION: If you speak German, you have free language assistance services at your disposal.
ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen ein kostenloser Sprachendienst zur Verfügung.

ATTENTION: If you speak Japanese, you have free language assistance services at your disposal.
注意：あなたが日本語を話す場合、あなたは無料の言語支援サービスを自由に利用できます。

ATTENTION: If you speak Filipino, you have free language assistance services at your disposal.
Pansin: Kung nagsasalita ka ng Filipino, mayroon kang mga serbisyong tulong sa libreng wika sa iyong pagtatapon.

ATTENTION: If you speak Nepali, you have free language assistance services at your disposal.
ATTENTION: यदि तपाईं नेपाली बोल्नुहुन्छ भने, तपाइँसँग नपिटनेमा निःशुल्क भाषा सहायक सेवाहरू छन्।

ATTENTION: If you speak Yoruba, you have free language assistance services at your disposal.
AKIYESI: Bi o ba nsọ èdè Yorùbú ọfé ni iranlọwọ lori èdè wa fun yin o.

ATTENTION: If you speak Ibo, you have free language assistance services at your disposal.
Ntị: Ọ bụrụ na asụ Ibo, asụsụ aka ọasụ n'efu, defu, aka.

ATTENTION: If you speak Urdu, you have free language assistance services at your disposal.
افسوس: اگر آپ اردو بولتے ہیں تو، آپ کے پاس آپ کے اپنے پر مفت زبان کی مدد کی خدمات ہیں.

ATTENTION: If you speak Burmese, you have free language assistance services at your disposal.
သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။

Grievance Procedure
Section 1557 of the Affordable Care Act

EHC has adopted an internal grievance procedure for all facilities and clinics providing for prompt and equitable resolution of complaints alleging any action prohibited by the Affordable Care Act Section 1557. Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, gender identity, age or disability may file a grievance. It is against the law for EHC to retaliate against anyone who files a grievance or cooperates in the investigation of a grievance.

Procedure:
Grievances must be submitted to the Patient Advocate for the facility where the issue occurred within 30 days of the date the person filing the grievance becomes aware of the alleged discriminatory action. The Patient Advocate shall contact the Director of 1557 Compliance. The Director may delegate investigation duties to assist with the investigation as needed to appropriate individuals within the facility, including the Patient Advocate.

A grievance must be in writing, containing the name and address of the person filing it. The grievance must state in as much detail as possible the problem or action alleged to be discriminatory and the remedy or relief sought.

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The Director of Section 1557 Compliance, Patient Advocate or other appropriate person shall conduct an investigation of the complaint. This investigation may be informal, but it must be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. Files and records related to such grievance will be maintained. A written decision on the grievance will be completed no later than 30 business days after its filing. The person filing the grievance may appeal the decision within 15 days of receiving the Director's decision to the Chief Compliance Officer by writing to the Emory Healthcare Compliance Office, 101 W. Ponce de Leon Avenue, Suite 242, Decatur, Georgia 30030.

Appropriate arrangements will be made to ensure that disabled persons are provided other accommodations, if needed, to participate in this grievance process. Such arrangements may include, but are not limited to, providing interpreters for the deaf, providing appropriate material for the blind, or assuring a barrier-free location for the proceedings.

The availability of the Emory Healthcare Grievance procedure does not prevent a person from filing a complaint of discrimination on the basis of disability with the U.S. Department of Health and Human Services, Office for Civil Rights.
A person can file a grievance of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: https://ocrportal.hhs.gov/ocr/smartscreen/main.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. Complaint forms are available at: http:// www.hhs.gov/ocr/office/file/index.html. Such complaints must be filed within 180 days of the date of the alleged discrimination.
July, 2018