

Informing Individuals About Nondiscrimination and Accessibility Requirements and Nondiscrimination Statement: Discrimination Is Against The Law

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

Littleton Regional Healthcare:

- 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, please contact the Patient Access Department (Registration) at 603.444.9000 (TTY 603.444.5328). If you believe that Littleton Regional 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 the Littleton Regional Healthcare Compliance Officer, 600 St. Johnsbury Road, Littleton, NH 03561, 603.575.6003 (office), 603.444.5358 (TTY), 603.444.0443 (fax), QualityServiceDept@lrhcares.org (email). You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Compliance Officer 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, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 603-444-9000 or 603-259-7696 (TTY: 603-444-5358).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al Call 603-444-9000 or 603-259-7696 (TTY: 603-444-5358).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 603-444-9000 or 603-259-7696 (TTY: 603-444-5358).

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 603-444-9000 or 603-259-7696 (TTY: 603-444-5358)。

ध्यान दनुहोस्: तपाईंले नेपाली बोलुनुहुन्छ भने तपाईंको नम्रता भाषा सहायता सेवाहरू नःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 603-444-9000 or 603-259-7696 (टिडी: 603-444-5358) ।

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 603-444-9000 or 603-259-7696 (TTY: 603-444-5358).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 603-444-9000 or 603-259-7696 (TTY: 603-444-5358).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 603-444-9000 or 603-259-7696 (TTY: 603-444-5358).

فتاهلا صرن 603-444-9000 or 603-259-7696 توع د. لكل رفوتت، ان اجم، ءيوغلل ادعاسملا تامدخو، ءيبرعلا ملكتت تنك اذا: ءيبن ت 603-444-5358.

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite Call 603-444-9000 or 603-259-7696 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 603-444-5358).

PERHATIAN: Jika Anda berbicara dalam Bahasa Indonesia, layanan bantuan bahasa akan tersedia secara gratis. Hubungi Call 603-444-9000 or 603-259-7696 (TTY: 603-444-5358).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 603-444-9000 or 603-259-7696 (TTY: 603-444-5358) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 603-444-9000 or 603-259-7696 (телетайп: 603-444-5358).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 603-444-9000 or 603-259-7696 (TTY: 603-444-5358).

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 603-444-9000 or 603-259-7696 (TTY: 603-444-5358).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 603-444-9000 or 603-259-7696 (TTY: 603-444-5358).