

PATIENT PROTECTION AND THE AFFORDABLE CARE ACT SECTION 1557

Discrimination is Against the Law

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

UCLA Health:

- 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 the Office of the Patient Experience at (310) 267-9113.

If you believe that UCLA Health 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 Office of the Patient Experience by mail at: 757 Westwood Plaza, Suite 1107 Los Angeles, CA 90095, by phone at: (310) 267-9113 or TTY: (310) 267-3902, by fax at: (310) 267-3613, or by email at: patientexperience@mednet.ucla.edu. If you need help filing a grievance, the Office of the Patient Experience 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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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (310) 267-9113 (TTY: 310-267-3902)

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 (310) 267-9113 (TTY: 310-267-3902)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (310) 267-9113 (TTY: 310-267-3902)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (310) 267-9113 (TTY: 310-267-3902)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (310) 267-9113 (TTY: 310-267-3902) 번으로 전화해 주십시오.

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ջանգահարեք (310) 267-9113 (TTY (հեռատիպ)՝ 310-267-3902)

تماس بگیرید. شما برای رایگان بصورت زبانی تسهیلات، کنید می گفتگو فارسی زبان به اگر توجه می ف باشد. یا (310) 267-9113 (TTY: 310-267-3902)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (310) 267-9113 (телетайп: (TTY: 310-267-3902)

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。(310) 267-9113 (TTY: 310-267-3902) まで、お電話にてご連絡ください。

ملحوظة (310) 267-9113 برقم اتصل. بالمجان لك تتوافر اللغوية المساعدة خدمات فإن، اللغة اذكر تتحدث كنت إذا: ملحوظة والبيكم الصم ه: (TTY: 310-267-3902). رقم

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਮੁਫਤ, ਤੁਹਾਡੇ ਲਈ ਉਪਲਬਧ ਹਨ. ਕਾਲ (310) 267-9113 (ਟੀ ਟੀ ਵਾਈ: 210-267-3902)

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ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ
គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ (310) 267-9113 (TTY: 310-267-3902) ។

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj.
Hu rau (310) 267-9113 (TTY: 310-267-3902)

ध्यान दें: यदि आप किसी अन्य भाषा बोलते, सहायता सेवाओं, नि: शुल्क, आप के लिए उपलब्ध हैं। (310) 267-
9113 कॉल (TTY: 210-267-3902)

ື່ຍນ: ຖ້າທ່ານພູດພາສາໄທຍທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອທາງພາສາໄດ້ຟຣີ ໂທຣ (310) 267-9113 (TTY: 310-267-3902).