

# NOTICE OF NONDISCRIMINATION AND ACCESSIBILITY

Effective Oct 2024

## Discrimination is Against the Law

Valley Medical Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, primary language or limited English proficiency age, disability, or sex, (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes). Valley Medical Center does not exclude people or treat them differently because of race, color, national origin, age, disability, sex.

Valley Medical Center:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: (a) Qualified sign language interpreters; and (b) 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: (a) Qualified interpreter resource; and (b) Information written in other languages.

If you need any of the above services, please contact Main Admitting at Valley Medical Center at 425.228.3440 x5745.

If you are deaf or hard of hearing, please dial 7-1-1 for Telecommunications Relay Services.

If you believe that Valley Medical Center has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity, you can file a grievance with:

Patient Relations Manager, 400 S. 43<sup>rd</sup> Street, Renton, Washington 98058

Telephone: 425-690-3403, email: [patientrelations@valleymed.org](mailto:patientrelations@valleymed.org)

You can file a grievance in person or by mail, telephone, or email. If you need help filing a grievance, the Patient Relations Manager 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, 1.800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Getting Help in Other Languages:

**Español (Spanish):** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 425.228.3440 x5745

**繁體中文 (Chinese):** 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 425.228.3440 x5745

**Tiếng Việt (Vietnamese):** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 425.228.3440 x5745

**한국어 (Korean):** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 425.228.3440 x5745 번으로 전화해 주십시오

**Русский (Russian):** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 425.228.3440 x5745

**Tagalog (Filipino):** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 425.228.3440 x5745

**Українська (Ukrainian):** УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 425.228.3440 x5745

**ខ្មែរ (Cambodian):** ប្រសិនបើ អ្នកនិយាយភាសាខ្មែរ, បេសវិធីនៃយុទ្ធសាស្ត្រ របស់យើង ផ្តល់នូវសេវាប្រយោជន៍ ដោយឥតគិតថ្លៃ ដល់អ្នក។ ទូរស័ព្ទ 425.228.3440 x5745

**日本語 (Japanese):** 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。425.228.3440 x5745 まで、お電話にてご連絡ください。

**አማርኛ (Amharic):** ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገኙዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1.425.228.3440 x5745

**Oroomiffa (Cushite):** XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.425.228.3440 x5745

العربية (Arabic):

ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 5475x0443.822.524.1 (رقم).

**ਪੰਜਾਬੀ (Punjabi):** ਧਿਆਨ ਧਿਓ-1 ਤਾਂ ਭਾਸ਼ਾ ਧਿਓ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਿ ਹੈ।, ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਿ ਹੋ 1.425.228.3440 x5745 ਕਾਲ ਕਰੋ।

**Deutsch (German):** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 425.228.3440 x5745

**ພາສາລາວ (Lao):** ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອ ອັດຕະໂນພາສາ, ໂດຍບໍ່ຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 425.228.3440 x5745