## NON-DISCRIMINATION NOTICE

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

Driscoll Health System 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)
- Driscoll Health System provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - o Information written in other languages

If you need these services contact the Patient Relations Department at (361) 694-5811.

If you believe that Driscoll Health System has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, or gender identity, you can file a grievance with: Chief Ethics & Compliance Officer, 3533 S. Alameda, Corpus Christi, Texas 78411, Phone (361) 694-5000, TTY: 1-800-735-2989, Fax (361) 808-2000, Email: filegrievance@dchstx.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Chief Ethics & 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 <a href="https://ocrportal.hhs.gov/ocr/portal/lobby.jsf">https://ocrportal.hhs.gov/ocr/portal/lobby.jsf</a>, 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.

## **CHARITY MEDICAL CARE**

Driscoll Health System will not deny healthcare services to a person who needs those services due to the inability to pay for those services. You may qualify for charity medical care. Your qualification for charity medical treatment will be determined by your family size and income according to the Driscoll Children's Hospital charity care policy in relation to Federal Poverty Guidelines. To apply: Contact a Financial Counselor at (361) 694-4758 or (361) 694-5163

# LANGUAGE ASSISTANCE SERVICES

ATTENTION: Language assistance services, free of charge, are available to you. Call (361) 694-5000 (TTY: 1[800] 735-2989).

## LANGUAGE ASSISTANCE SERVICES

### ATTENTION:

## English

Language assistance services, free of charge, are available to you. Call [361] 694-5000 (TTY: 1[800] 735-2989).

## Spanish

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Driscoll Health System, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al [361] 694-5000. (TTY: 1[800] 735-2989).

### Vietnamese

Nếu quý vị, hay nguời mà quý vị dang giúp dỡ, có câu hỏi về Driscoll Health System, quý vị sẽ có quyền duợc giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi [361] 694-5000. (TTY: 1[800] 735-2989).

### Chinese

如果您,或是您正在協助的對象,有關於[插入Driscoll Health System 項目的名稱Driscoll Health System 方面的問題,您 有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員,請撥電話 [在此插入數字 [361] 694-5000. (TTY: 1[800] 735-2989).

## Korean

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이Driscoll Health System에 관해서 질문이 있다면 귀하는 그러한도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기위해서는 [361] 694-5000 로 전화하십시오. (TTY: 1[800] 735-2989).

### Arabic

الحصول على المساعدة والمعلومات Driscoll Health System إن كان لديك أو لدى شخص تساعده أسئلة بخصوص) الحصول على المساعدة والمعلومية بلغتك من دون اية تكلفة. للتحدث مع مترجم التصل ب. )(، فلديك الحق في 105-694 [361] 694-5000. (TTY: 1[800] 735-2989).

#### Urdu

اپ دونوں کو اپنی زبان مے Driscoll Health System اپ دونوں کو سوال مے اگر اپ کسی کو مدد دے رمے میں اور Driscoll Health System مدد اور معالومات حاصل کرنے کا حق مے۔ ترجمان سے بات کرنے کے لیے، میں مفتکے بارے میں، تو [361] مدد اور معالومات حاصل کرنے کا حق مے۔ ترجمان سے بات کرنے کے لیے، میں مفتکے بارے میں، تو (TTY: 1[800] - 735-2989).

### **Tagalog**

Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Driscoll Health System, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa [361] 694-5000. (TTY: 1[800] 735-2989).

### French

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Driscoll Health System, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez [361] 694-5000. (TTY: 1[800] 735-2989).

### Hindi

यदि आपके ,या आप द्वारा सहायता ककए जा रहे ककसी व्यक्तत के Driscoll Health System के बारे में प्रश्न हैं ,तो आपके पास अपनी भाषा में मुफ्त में सहायता और सूचना प्राप्त करने का धिकार है। ककसी िुभाषषए से बात करनेके लिए , [361] 694-5000. पर कॉि करें। (TTY: 1[800] 735-2989).

### Persian

حق اي ن را داري د که کمک Driscoll Health System اگر شما، يا کسی که شما به او کمک ميکني د ، سوال در مورد ] ميان را داري د که کمک Driscoll Health System اي د باشيد [ ، داشته باشي د باشي د را به طور رايگان دريافت نمايي د [ ، داشته باشي د باشي د را به طور رايگان دريافت نمايي د [ ، داشته باشي د را به طور رايگان دريافت نمايي د [ ، داشته باشي د را به باشي د را به طور رايگان دريافت نمايي د اي د باشي د با

Kreyòl Ayisyen (French Creole)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele [361] 694-5000 (TTY: 1-[800] 735-2989).

Português (Portuguese)

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para [361] 694-5000 (TTY: 1-[800] 735-2989).

Italiano (Italian)

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero [361] 694-5000 (TTY: 1-[800]735-2989).

ภาษาไทย (Thai)

เรียน: ถ้าคุณพูคภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร [361] 694-5000 (TTY: 1-[800]735-2989).

### **GRIEVANCE PROCEDURE**

It is the policy of Driscoll Health System not to discriminate on the basis of race, color, national origin, sex, age or disability. Driscoll Health System has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, gender identity, age or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of the Chief Ethics & Compliance Officer, 3533 S. Alameda, Corpus Christi, Texas 78411, Phone (361) 694-5000, TTY: 1-800-735-2989, Fax (361) 808-2000, Email: filegrievance@dchstx.org who has been designated to coordinate the efforts of Driscoll Health System to comply with Section 1557.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for Driscoll Health System to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

### Procedure:

• Grievances must be submitted to the Chief Ethics & Compliance Officer within (60 days) of the date the person filing the grievance becomes aware of the alleged discriminatory action.

- A complaint must be in writing, containing the name and address of the person filing it. The
  complaint must state the problem or action alleged to be discriminatory and the remedy or relief
  sought.
- Chief Ethics & Compliance Officer (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. Chief Ethics & Compliance Officer will maintain the files and records of Driscoll Health System relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- Chief Ethics & Compliance Officer will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.
- The person filing the grievance may appeal the decision of the Chief Ethics & Compliance Officer by writing to the Chief Executive Officer within 15 days of receiving the Chief Ethics & Compliance Officer decision. The Chief Executive Officer shall issue a written decision in response to the appeal no later than 30 days after its filing.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: <a href="https://ocrportal.hhs.gov/ocr/portal/lobby.jsf">https://ocrportal.hhs.gov/ocr/portal/lobby.jsf</a>, 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. 1-800-868-1019, 800-537-7697 (TDD).

Complaint forms are available at: <a href="http://www.hhs.gov/ocr/office/file/index.html">http://www.hhs.gov/ocr/office/file/index.html</a>. Such complaints must be filed within 180 days of the date of the alleged discrimination.

Driscoll Health System will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. Chief Ethics & Compliance Officer will be responsible for such arrangements.