

## City Hospital at White Rock Nondiscrimination Notice

City Hospital at White Rock complies with applicable Federal civil rights laws and does not discriminate on the basis of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation and gender identity or expression. City Hospital at White Rock does not exclude people or treat them differently because of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation and gender identity or expression.

City Hospital at White Rock:

- Provides free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:
  - qualified sign language interpreters, video remote interpreting or other aids for hearing impaired individuals
  - written information in multiple formats including large print, audio, accessible electronic formats, or other formats for visually impaired individuals
- Provides free language services to people whose primary language is not English, such as:
  - qualified interpreters or a language line
  - information written in other languages

If you need these services, contact City Hospital at White Rock's ADA Coordinator at 214.324.6789.

If you believe that City Hospital at White Rock 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:

ADA Coordinator

Brenda Laurea

9440 Poppy Drive

Dallas, TX 75218

Phone: 214.324.6282

TTY 800.735.2989

Fax: 214.324.0612

[Brenda.laurea@cityhospital.us](mailto:Brenda.laurea@cityhospital.us)

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, City Hospital at White Rock's ADA Coordinator 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>

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 214.324.6162 (TTY: 1.800.735.2989).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 214.324.6162 (TTY: 1.800.735.2989).

Chinese: 文, r; TIT 以 AVAIMEV, PII, EVAKS. rdka  
214.324.6162 (TTY: 1.800.735.2989).

Korean: 한국 0-1s Al-gal-Alt oT, (Li0-1 7CI원 IdHI스s Tub 01gal-N 수 있습  
니CE. 214.324.6162 (TTY: 1.800.735.2989) 번2b 전화61-1 -.T.JJAl2.

Arabic: اذكر، اللغه فإذ خدمات الامساعدة اللغوية تتوافر لك بالامجاد. اتصل برقم 214.324.6162 (رقم  
هاتف لاصم ولابكم: (800.735.2989). ملحوظة: إذا كنت تتحدث

Urdu: 1-کریں خیردار: اگر آپ اردو بولتے ہیں تو آپ کو زیادہ مدد کی خدمات مفت میں دستیاب ہیں۔ کلا  
214.324.6162 (TTY: 1.800.735.2989).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo  
ng tulong sa wika nang walang bayad. Tumawag sa 214.324.6162 (TTY: 1.800.735.2989)

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont  
proposés gratuitement. Appelez le 214.324.6162 (ATS : 1.800.735.2989).

Hindi: 214.324.6162

Farsi: مہارفامشدی اردو زبانگیاں تروصبی نابز تالیہست دینک، می وگتفگ  
دیبرگب سامت 214.324.6162 (TTY: 1.800.735.2989) اب دشادی م

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche  
Hilfsdienstleistungen zur Verfügung. Rufnummer: 214.324.6162 (TTY: 1.800.735.2989).

Gujarati: ~ : ~ , :~  
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214.324.6162 (TTY 1.800.735.2989).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 214.324.6162 (телетайп: National TTY 1.800.735.2989).

Japanese: iitr(41-A:1E1\*INVA さ irl6WE'r、無料の言 IN 支援 V ご利用いただけます。  
214.324.6162 (TTY: 1.800.735.2989) VC、82St にてご連絡ください。

ພ ພ Lao: ໂປດຊາຍ: ຖ້າວ າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ າ, ບໍ່ມີໃຫ້ ານ. ໂທ 214.324.6162 (TTY: 1.800.735.2989).