

## Discrimination is Against the Law

**Community HealthChoices (CHC)** complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, age, national origin, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation.

**CHC** does not exclude people or treat them differently because of race, color, age, national origin, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation.

**CHC** 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 such as large print, audio, accessible electronic formats or other formats

**CHC** 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, call the CHC Helpline at **1-844-824-3655** (TTY: 1-833-254-0690).

If you believe that CHC 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 Bureau of Equal Opportunity  
Room 223, Health and Welfare Building  
P.O. Box 2675  
Harrisburg, PA 17105-2675

Phone: (717) 787-1127  
TTY: 1-800-654-5484  
Fax: (717) 772-4366  
Email: RA-PWBEOAO@pa.gov

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Bureau of Equal Opportunity 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

Phone: 1-800-368-1019  
TTY: 1-800-537-7697

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

## 歧视违反法律

**Community HealthChoices (CHC)** 遵守一切适用联邦民权法律，且不在种族、肤色、年龄、国籍、残障、信仰、宗教背景、血统、性、性别、性别认同或表达、或性取向方面存在歧视。

**CHC** 不得因种族、肤色、年龄、国籍、残疾、信仰、宗教背景、血统、性、性别、性别认同或表达、或性取向而排除或区别对待任何人。

**CHC** 为残疾人提供免费帮助和服务，以便与我们进行有效沟通，例如：

- 合格的手语译员
- 采用其他格式的书面信息，如大字版、音频版、可访问的电子格式或其他格式

**CHC** 为母语非英语人士提供免费的语言服务，例如：

- 合格的译员
- 以其他语言书写的信息

如果您需要该等服务，请拨打 CHC 热线电话 **1-844-824-3655** (TTY 用户请拨打：1-833-254-0690)。

如果您认为 CHC 未能提供该等服务，或因种族、肤色、国籍、年龄、残疾或性别而受到其他方式的歧视，您可以向以下部门提出申诉：

The Bureau of Equal Opportunity  
Room 223, Health and Welfare Building  
P.O.Box 2675  
Harrisburg, PA 17105-2675

电话：(717) 787-1127  
TTY 用户拨打：1-800-654-5484  
传真：(717) 772-4366  
电子邮箱：RA-PWBEOAO@pa.gov

您可当面提出申诉，或通过邮件、传真或电子邮件提出申诉。如果您在提出申诉方面需要帮助，Bureau of Equal Opportunity（平等机会局）可为您提供帮助。

您亦可向 U.S. Department of Health and Human Services, Office for Civil Rights（美国卫生与公共服务部民权办公室）提出民权投诉，通过 <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> 的 Office for Civil Rights Complaint Portal（民权办公室投诉门户）进行在线投诉，或通过邮寄或电话：

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

电话：1-800-368-1019  
TTY 用户拨打：1-800-537-7697

投诉表格可从以下网址获取 <http://www.hhs.gov/ocr/office/file/index.html>。

## Help in Other Languages

**ATTENTION:** If you do not speak English, language assistance services, free of charge, are available to you. Call 1-844-824-3655 (TTY: 1-833-254-0690).

**ESPAÑOL | SPANISH ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-824-3655 (TTY: 1-833-254-0690).

**РУССКИЙ | RUSSIAN ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-824-3655 (TTY: 1-833-254-0690).

**简体中文 | SIMPLIFIED CHINESE 注意:** 如果您不会说英语，可免费获得语言协助服务。请致电 1-844-824-3655 (TTY 用户: 1-833-254-0690)。

**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 1-844-824-3655 (TTY: 1-833-254-0690).

**العربية | ARABIC تنبيه:** إذا كنت لا تتحدث اللغة الإنجليزية، يمكنك الحصول على خدمات المساعدة اللغوية، بالمجان. اتصل على الرقم 1-844-824-3655 (لضعاف السمع: 1-833-254-0690).

**नेपाली | NEPALI तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-844-824-3655 (टिटिवाइ: 1-833-254-0690).**

**한국어 | KOREAN 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-824-3655 (TTY: 1-833-254-0690) 번으로 전화해 주십시오.

**ខ្មែរ | CAMBODIAN ប្រយ័ត្ន:** បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អ្លល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-844-824-3655 (TTY: 1-833-254-0690)។

**FRANÇAIS | FRENCH ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-824-3655 (TTY: 1-833-254-0690).

**မြန်မာ | BURMESE သတိပြုရန် - အကယုၣ်ၣ် သဒ္ဓါသညာမန်မာစကား ကို ဂျာတပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သဒ္ဓါအတကြု စီစဉ်ဆောင်ရွက်ပေးပါမည့်။ ဖုန်းနံပါတ် 1-844-824-3655 (TTY: 1-833-254-0690) သို့မူ ခေ့ဆို့ပါ။**

**KREYÒL AYISYEN | HAITIAN CREOLE ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-844-824-3655 (TTY: 1-833-254-0690).

**PORTUGUÊS | BRAZILIAN PORTUGUESE ATENÇÃO:** Caso fale português, disponibilizamos gratuitamente serviços linguísticos. Ligue para 1-844-824-3655 (TTY: 1-833-254-0690).

**বাংলা | BENGALI লক্ষ্য করুন:** যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮৪৪-৮২৪-৩৬৫৫ (TTY: ১-৮৩৩-২৫৪-০৬৯০)।

**SHQIP | ALBANIAN KUJDES:** Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-844-824-3655 (TTY: 1-833-254-0690).

**ગુજરાતી | GUJARATI સુચના:** જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-844-824-3655 (TTY: 1-833-254-0690).