

OSF HealthCare does not Discriminate

OSF HealthCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, religion, gender identity, sexual orientation, inability to pay or because payment for services is made under Medicare, Medicaid, or the Children's Health Insurance Program (CHIP). OSF HealthCare does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, religion, gender identity, sexual orientation, inability to pay or because payment for services is made under Medicare, Medicaid, or the Children's Health Insurance Program (CHIP).

OSF HealthCare:

- 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 any Staff or Office Supervisor/Manager.

If you believe that OSF HealthCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, religion, gender identity, sexual orientation, inability to pay or because payment for services is made under Medicare, Medicaid, or the Children's Health Insurance Program (CHIP), you can file a grievance with: Ministry Section 504 Compliance Officer, 800 NE Glen Oak Avenue, Peoria, IL 61603-3200, (309) 308-5978, TTY 711. You can file a grievance in person, by phone, or by mail. If you need help filing a grievance, the Ministry Section 504 Compliance Officer is available to help you at (309) 308-5978 or OSF.Compliance@osfhealthcare.org.

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
(800) 368-1019, (800) 537-7697 (TDD)

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

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિશ્ચિત્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं.

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.