



optimorthopedics

Notice of Nondiscrimination

Assistance for Hearing Impaired Patients

If you speak English and are hearing impaired, language assistance services, free of charge, are available to you. Deaf Community Advocacy Network: 1-800-368-1019 (TTY: 1-800-537-7697).

Discrimination is Against the Law

Optim Orthopedics complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Optim Orthopedics does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Optim Orthopedics:

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:

To connect to an interpreter, dial **1 888 808-9008**.

At the prompt, enter your 8-digit PIN number: **61023484**.

- Speak the name of the desired language (e.g. Spanish).
- If the language you requested is correct, press 1.
- You'll be asked if you need us to dial a third party for you (either international or domestic). If you do, you'll be connected to an attendant who will ask for the phone number, and will dial it for you. If not, you'll be directly connected to an interpreter.
- Once the interpreter is connected. Tell him/her what you want to accomplish and give them any special instructions.

If you believe that Optim Orthopedics 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:

Tom Gilroy
Compliance Officer
210 East DeRenne
Phone: 423.341.1000 (direct line)
Fax: 912.644.5241
Email: tgilroy@optimhealth.com

You may file a grievance in person or by mail, fax, or email. If you need help filing a grievance, **Tom Gilroy, Compliance Officer**, is available to help you.

You may 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>.



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Language Assistance Services

Español

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-368-1019 (TTY: 1-800-537-7697).

Tiếng Việt

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-368-1019 (TTY: 1-800-537-7697).

한국어

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-368-1019 (TTY: 1-800-537-7697).

繁體中文

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1-800-368-1019 (TTY: 1-800-537-7697)。

ગુજરાતી

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-368-1019 (TTY: 1-800-537-7697).

Français

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-368-1019 (TTY: 1-800-537-7697).

Amharic

ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም ኣርዳታ ድርጅቶቹ በነጻ ሊያገዝዎት ተዘጋጅተዎልዎ: ወደ ሚከተለው ቁጥር ይደውሉ 1-800-368-1019 (TTY: 1-800-537-7697).

हिंदी

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-368-1019 (TTY: 1-800-537-7697) पर कॉल करें।

Kreyòl Ayisyen

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-368-1019 (TTY: 1-800-537-7697).

Русский

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-368-1019 (TTY: 1-800-537-7697).

العربية

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-368-1019 (رقم هاتف الصم والبكم: (1-800-537-7697).

Português

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-368-1019 (TTY: 1-800-537-7697).

فارسی

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-368-1019 (TTY: 1-800-537-7697) تماس بگیرید.

Deutsch

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-368-1019 (TTY: 1-800-537-7697).

日本語

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。1-800-368-1019 (TTY: 1-800-537-7697)まで、お電話にてご連絡ください。