NOTICE OF NONDISCRIMINATION

Van Buren County Hospital complies with applicable Federal civil rights laws and does not discriminate provision of services to an individual based on the individual's inability to pay; whether payment for those services would be made under Medicare, Medicaid, or CHIP; the individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. Van Buren County Hospital does not exclude people or treat them differently because of their inability to pay; whether payment for those services would be made under Medicare, Medicaid, or CHIP; the individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity

Van Buren County Hospital:

- 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 believe that Van Buren County Hospital has failed to provide these services or discriminated in another way on the basis of the individual's inability to pay; whether payment for those services would be made under Medicare, Medicaid, or CHIP; the individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity, you can file a grievance with: Lynn Kracht, VBCH Compliance Officer, 304 Franklin St. Keosauqua, IA 52565, 319-293-8716, lyn.kracht@vbch.org. You can file a grievance in person, by mail or email.

You can also file a civil right 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

Van Buren County Hospital
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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, DC 20201 1-800-368-1019 1-800537-7697 (TDD)
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.
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English ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-641- 208-0867.

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-641- 208-0867.

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-641-208-0867.

繁體中文 (Chinese) 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 1-641-208-0867.

Srpsko-hrvatski (Serbo-Croatian) OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1- 641-208-0867

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 1-641-208-0867.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-641-208-0867.

(Arabic)رقم العربية (بالمجان لك برقم اتصل. اللغة المساعدة خدمات تتوافر اللغوية، فإن تتحدث إذا اذكر كنت ملحوظة: .)

1- 641-208-0867 -والبكم الصم هاتف: ພາສາລາວ (Lao, Laotian) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເ ວ້າພາສາ ລາວ, ການໍ່ບິລການຊ່ ວຍເ ຼືຫ ອດ້ານພາສາ, ໂດຍໍ