NOTICE OF NONDISCRIMINATION
Discrimination is Against the Law

Carolina Disc Associates, PC dba: Select Health of the Carolinas, herein referred to as the Practice, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This Practice does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Practice provides free aids and services to people with disabilities to communicate effectively with us, except in circumstance(s) which may be determined to be of undue burden to the Practice, such as:

- Qualified sign language interpreters;
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

The Practice, except in circumstances(s) which may be determined to be of undue burden to the Practice, provides free language services to people whose primary language is not English, such as:

- Qualified interpreters; or
- Information written in other languages.

If you need these services, contact the Practice manager.

If you believe that the Practice 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: Select Health, 11535 Carmel Commons Blvd., #103, Charlotte, NC 28226 or Fax 704-541-5151 or Email info@yourselecthealth.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Practice manager 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, DC 20201, 1–800–868–1019, 800–537–7697 (TDD).

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

Have a disability? Speak a language other than English? Call to get help for free. If you need assistance, contact the Practice manager.

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

Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou.

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

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis.

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。

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

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

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

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

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

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

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.번으로 전화해 주십시오

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.

ગુજરાતી (Gujarati): ◌ુ ના: જો તમે◌જરાતી બોલતા હો, તો ◌ન:◌લ્કુ ભાષા સહાય સેવાઓ તમારા માટ◌ઉપલબ્ધ છ.

ภาษาไทย (Thai): เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี