

## **NOTICE OF NONDISCRIMINATION**

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

Altus Hospice:

- 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 Altus Hospice has failed to provide these services or discriminated in any way on the basis of race, color, national origin, age, disability, or sex, the site administrator is available to assist you in filing a grievance:

- Altus Hospice – Austin: 512-614-2851
- Altus Hospice – Beaumont: 409-832-4582
- Altus Hospice – Corpus Christi: 361-723-1049
- Altus Hospice – Dallas: 972-761-9140
- Altus Hospice – Houston: 281-493-9744
- Altus Hospice – Las Vegas: 702-821-1120
- Altus Hospice – North Houston: 281-583-5455
- Altus Hospice – San Antonio: 210-714-2530
- Altus Hospice – South Texas: 956-718-3000

If your issue continues to be unresolved, you may also notify the Texas Department of State Health Services at:

Texas Department of State Health Services  
P.O. Box 14937, Austin, Texas 78714-9347  
[customer.service@dshs.state.tx.us](mailto:customer.service@dshs.state.tx.us)  
Compliance Hotline at 1-888-973-0022.

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  
1-800-368-1019, 800-537-7697 (TDD)

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

Spanish:

Por favor indique su idioma para proveerle un intérprete gratuitamente.

Vietnamese:

Xin vui lòng cho biết ngôn ngữ của quý vị để chúng tôi sắp xếp một thông dịch viên hoàn toàn miễn phí cho quý vị.

Chinese:

请告知您使用的语言,我们会为您提供免费翻译。

Korean:

통역은 무료로 제공하는 언어를 명시하시기 바랍니다.

Arabic:

مقابل وبدون لكم الفورية الترجمة وتوفير يتم وسوف تتكلمها التي اللغة إلى شارة يرجى.

Urdu:

رجمہ کی متقیو یو کو کاپٹ مام لہ اکری پی اکت اکس ج ای اتہ رت  
مک شار باطر فیکانز بیکاپ ری ک.

Tagalog:

Mangyari lamang na ipahiwatig ang inyong wika para ang isang tagapagsalin ay maisaayos na walang gastos.

French:

Si vous plait indiquer votre langue afin que nous puissions fournir un interprete pour vous. Le service est gratuit.

Hindi:

अपनी भाषा से संकेत मिलता है कृपया इतना है मक एक दुभामषया आप के मलए कोई भी कीित पर व्यवस्थित मकया जा सकता है।

Persian/Farsi:

اطل رم ای ب ف دف ص ح ی ان ز ب چ م م بی ت دن کم ی ب چ م دون بات ی ون ی نه ز ی گ  
ض ا ف ا ر ج م م ی، ارت ا خ درت ش م ای م د م ر ا ر ق ی

German:

Bitte geben Sie Ihre Sprache an, so dass ein Dolmetscher kostenlos für Sie arrangiert werden kann.

Gujarati:

તમારી ભાષામાં સૂચવે કરો કે જેથી એક દુભાષણચો તમે કોઈ પણ ખચચ ગોઠવી શકાય છે.

Russian:

Пожалуйста скажите на каком языке вы разговариваете и мы вам предоставим переводчика бесплатно.

Japanese:

あなたのお話しされる言語をお知らせください。無料にて通訳の手配を致します。

Laotian:

ກະລຸນາບອກພາສາຂອງທ່ານ ພາສາ "ອວ" ກະລຸນາອະສາມາດຈັດຫາບາຍແປພາສາໃຫ້ທ່ານໄດ້ ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍ"