

NOTICE OF NONDISCRIMINATION

Deaconess Regional Healthcare Services Illinois, Inc.(dba Deaconess Illinois Medical Center, Deaconess Illinois Crossroads, Deaconess Illinois Union County, Red Bud Regional Hospital and affiliated Rural Health Centers, hereafter referred to as “Deaconess Illinois”) complies with applicable federal civil rights laws and does not discriminate in the provision of services to an individual based on the individual’s race, color, national origin, age, disability, creed, religion, ethnicity, handicap, sex, gender identity, sexual orientation, source of payment (including Medicare, Medicaid and CHIP) or inability to pay.

Deaconess Illinois

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o 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:
 - o Qualified interpreters
 - o Information written in other languages

If you need these services, contact the front desk/receptionist in person or by calling the appropriate number below.

- Deaconess Illinois Crossroads: 618-244-5500
- Deaconess Illinois Crossroads Family Clinic Mt Vernon: 618-244-6222
- Deaconess Illinois Crossroads Family Clinic Wayne City: 618-244-6222
- Deaconess Illinois Medical Center: 618-998-7000
- Deaconess Illinois Union County: 618-833-4511 option 0
- Deaconess Illinois Union County Family Clinic: 618-833-2295
- Red Bud Health Clinic: 618-282-7373
- Red Bud Regional Hospital: 618-282-3831

If you believe Deaconess Illinois has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, creed, religion, ethnicity, handicap, sex, gender identity, sexual orientation, source of payment (including Medicare, Medicaid and CHIP), or inability to pay, you can file a grievance with:

Attn: Patient Relations
 3333 West DeYoung Street, Marion, IL 62959
 Phone: 618-998-7216 • Fax: 618-998-7449
 TTY: 711 or IL Relay 800-526-0844 TTY Users or 800-526-0857 Voice Users (Hearing persons)
 E-mail: DILPatientRelations@deaconess.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Patient Relations is available to help you.

If you have questions regarding Title VI of the Civil Rights Act of 1964, The Age Discrimination Act of 1975, and Section 504 of the Rehabilitation Act of 1973, contact Deaconess Illinois Compliance at 618-998-4362.

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 OCR Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, by email at OCRComplaint@hhs.gov or by mail at:

Attn: Centralized Case Management Operations
 U.S. Department of Health and Human Services
 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201
 Complaint forms are available at www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf

INTERPRETERS AVAILABLE

You have access to interpretation services 24/7 at no personal cost to you. This chart includes languages commonly spoken. Additional languages are available.

English: Do you speak another language? We will provide an interpreter at no personal cost to you.

Amharic አማርኛ	አማርኛ ይናገሩልዎ? እርስዎ በግልጽ ምንም ወጪ ሳያወጡ እስተርጓሚ እናቀርባለን።	您讲普通话吗? 我们将免费为您提供翻译。	Mandarin 中文
Arabic اللغة العربية	هل تتحدث اللغة العربية؟ سوف نوفر لك مترجم فوراً من دون أي تكلفة عليك.	के तपाईं नेपाली बोल्नुहुन्छ? हामी तपाईंका लागि कुनै व्यक्तिगत खर्च बिना एकजना दोभाषे उपलब्ध गराउने छौं।	Nepali नेपाली
Bengali বাংলা	আপনি কি বাংলায় কথা বলেন? আমরা আপনাকে একজন দোভাষী (ইন্টারপ্রিটার) দেব যার জন্য আপনার ব্যক্তিগতভাবে অর্থব্যয় করতে হবে না।	Czy mówisz po polsku? Zapewnimy bezpłatną pomoc tłumacza.	Polish Polski
Brazil-Portuguese Português	Você fala português? Nós lhe forneceremos um intérprete, sem nenhum custo adicional.	वी तुमीं पंजाबी बोलदे हे? अमीं तुवाडे लयी घिनं विसे निंजी लागाउ दे ईक दुभाषीए उपलब्ध करांगे।	Punjabi ਪੰਜਾਬੀ
Burmese မြန်မာ	သင့် မြန်မာစကား ပြောပါသလား။ သင့်အတွက် ကုန်ကျစရိတ် မရှိစေဘဲ စကားပြန်တစ်ဦး ကျွန်ုပ်တို့ ဝေးပါမည်။	Вы говорите по-русски? Мы абсолютно бесплатно предоставим вам переводчика.	Russian Русский
Cantonese 粵語	你講唔講粵語? 我哋將免費為你提供翻譯。	Maku hadashaa Af Soomaali? Waxaan kuu heli karnaa tujumaan oo bilaash kuu ah.	Somali Af Soomaali
Farsi	فارسی صحبت می کنید؟ یک مترجم شفاهی فارسی رایگان در اختیار شما قرار خواهیم داد.	¿Habla español? Le proporcionaremos un intérprete sin costo alguno para usted.	Spanish Español
French Français	Parlez-vous français ? Nous vous fournirons gratuitement un interprète.	Je, unazungumza Kiswahili? Tutakupa mkalimani bila malipo yoyote.	Swahili Kiswahili
Haitian Creole Kreyòl Ayisyen	Èske ou pale Kreyòl Ayisyen? N ap ba ou yon entèprèt gratis.	Quý vị nói được tiếng Việt không? Chúng tôi sẽ cung cấp một thông dịch viên miễn phí cho quý vị.	Vietnamese Tiếng Việt
Korean 한국어	한국어를 사용하십니까? 무료로 통역 서비스를 제공해 드리겠습니다.	American Sign Language (ASL)	