

Notice About Nondiscrimination and Accessibility Requirements

Discrimination is Against the Law

Community Health Programs Inc. ("CHP") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). CHP does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex. CHP provides:

- Reasonable modifications to people with disabilities and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language assistance services to people whose primary language is not English, which may include:
 - o Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Tom Duchesne, Civil Rights Coordinator.

If you believe that CHP 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 Duchesne, Senior Vice President of Operations, 442 Stockbridge Road, Great Barrington, MA 01230; 413.528.9311 ext. 1143, or <u>tduschesne@chpberkshires.org</u>. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Tom Duchesne 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, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <u>http://www.hhs.gov/ocr/office/file/index.html</u>. This notice is available at CHP's website, <u>chpberkshires.org</u>.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services (§ 92.11)

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1.413.528.8580 or speak to your provider.

This notice is available at CHP's website: chpberkshires.org