



Nondiscrimination and Language Access Services

Section 1557 of the Affordable Care Act requires that we provide this information on a yearly basis to individuals receiving services from CHD. In addition, these notices are posted in a conspicuous location in all CHD facilities where services are provided and on the CHD website at www.chdinc.org.

Nondiscrimination Statement: In order to receive government funding, CHD is required by state and county policies to charge for services provided to the public. However, no one will be denied clinical services because of an inability to pay (or because payments are made with Medicaid, Medicare or CHIP). Discounts are available based on family size and income. For more information, ask at the Reception desk or call 541-962-8800.

CHD does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), religion, sex (including sexual orientation, pregnancy-related conditions, sex characteristics including intersex traits, and sex stereotypes), gender identity, disability, age (except for specific program eligibility restrictions), familial status, marital status, retaliation, association with protected classes, or any other protected class as defined in federal or state law, in admission to, participation in, or receipt of services and benefits of any of its programs or activities, or in employment.

Accessibility Services: CHD provides free aids and services to people with disabilities to communicate effectively with us, including qualified sign language interpreters, written information in other formats, and other reasonable accommodations.

Language Assistance: CHD provides free language services to people whose primary language is not English, including qualified interpreters and information written in other languages.

Access Information: If you need any of these services, ask at the Reception desk or your provider. For further help, contact CHD's Section 504/1557 Coordinator: Director Human Resources at 541-962-8811, or TTY 1-800-735-2900 or dial 711.

Grievance Procedure: If you feel that CHD has failed to provide needed services or discriminated in another way, you can start the grievance procedure by asking Reception or any CHD employee or by calling CHD's Director of Community Relations at 541-962-8894.

OCR Complaint Information: You can also file a discrimination complaint with the HHS Office for Civil Rights by calling 1-800-368-1019 or TDD 1-800-537-7697.

Website Access: Information about CHD's services can be found on our website: www.chdinc.org

Language Access Services

This notice is to alert individuals with limited English proficiency (LEP) to the availability of language assistance services. The taglines below include the top 15 languages in Oregon. Translated tagline includes the following information: "Attention: If you speak _____ language, language assistance services are available free of charge to you. Call 541-962-8800, TTY (800) 739-2900."

Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 541-962-8800 (TTY: 1-800-735-2900).
Marshallese	KEJBAROK: Elañe kwoj konono kajin Marshall, jermal in jibañ kajin ko rej bed ñan kwe ilo ejelok wōnāān. Call 541-962-8800 (TTY: 1-800-735-2900).
Chuukese	Attention: Ika en mi sinei fosun Chuuk, ekkewe angangen aninnisin fos mei kawor nge ese kamo. Kokori 541-962-8800 (TTY 1-800-739-2900).
Vietnamese	LƯU Ý: Nếu bạn nói tiếng Việt, dịch vụ hỗ trợ ngôn ngữ có sẵn miễn phí cho bạn. Gọi 541-962-8800 (TTY: 1-800-735-2900).
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 541-962-8800 (TTY: 1-800-735-2900)。
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 541-962-8800 (телетайп: (TTY: 1-800-735-2900).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 541-962-8800 (TTY: 1-800-735-2900)번으로 전화해 주십시오.
Ukrainian	УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 541-962-8800 (телетайп: 1-800-735-2900).
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。541-962-8800 (TTY: 1-800-735-2900)まで、お電話にてご連絡ください。
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 541-962-8800 (رقم هاتف الصم والبكم: 1-800-735-2900).
Romanian	ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 541-962-8800 (TTY: 1-800-735-2900).
Mon Khmer Cambodian	យកចិត្តទុកដាក់: សិនបើអ្នកនិយាយសេរីជំនួញភាសាកម្ពុជាអាចរកបានសម្រាប់អ្នកដោយឥតគិតថ្លៃ។ ទូរស័ព្ទទៅលេខ 541-962-8800 (TTY: 1-800-735-2900)។
Cushite-Oromo	XIYYEEFFANNAA: Afaan Oromoo yoo dubbattan tajaajilli gargaarsa afaanii bilisaan isiniif kennama. 541-962-8800 (TTY: 1-800-735-2900) bilbili.
German	ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen die Sprachassistentz kostenlos zur Verfügung. Rufen Sie 541-962-8800 (TTY: 1-800-735-2900) an.
Persian-Farsi	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می تماس بگیرید 541-962-8800 (TTY: 1-800-735-2900) باشد. یا
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 541-962-8800 (TTY: 1-800-735-2900).
Thai	ียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 541-962-8800 (TTY: 1-800-735-2900).