

Nondiscrimination Statement

Updated 06-2025

Hosparus Health, Pallitus Health Partners, Care Guide Partners PACE, and Care Guide Partners Medical Services comply with all applicable Federal and State civil rights laws and do not discriminate against or exclude any person based on race, color, national origin, age, disability, sex, veteran status, ancestry, marital status, religion, or any other legally protected status.

Hosparus Health, Pallitus Health Partners, Care Guide Partners PACE, and Care Guide Partners Medical Services (collectively “we” or “us”) provide or make available free aids and services (such as qualified sign language interpreters and written information in other formats and languages) to people with disabilities so that they can communicate effectively with us. Free language services (such as a qualified interpreter through a language line service) are available upon request to persons whose primary language is not English or who have Limited English Proficiency (LEP). We also will provide vital admission and other care documents in the person’s requested primary language. If you are a patient, family member, or caregiver and need these services, please contact us at 1-800-264-0521.

If you believe we failed to provide you these services, or discriminated against you in another way on the basis of race, color, national origin, age, disability, sex, veteran status, ancestry, marital status, religion, or other legally protected status, know that you have the right to file a grievance about it (also known as a complaint) with our Civil Rights Coordinator. You can file this grievance in person or by mail, phone, fax, or email.

- If by **mail**, send your grievance to:
Civil Rights Coordinator, Hosparus Health, 6200 Dutchmans Lane, Louisville KY 40205;
- If by **phone**, call: 1-800-264-0521 (Dial 7-1-1 or TTY number 1-800-648-6056);
- If by **fax**, send to: 502-719-4215;
- If by **email**, send to: civilrightscordinator@hosparus.org.

If you need help filing a grievance, we are available to help you.

You also can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, (i) electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or (ii) 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 or 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Nondiscrimination Notice

English

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-800-264-0521 (TTY: 711 or 1-800-648-6056).

Español (Spanish) :

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-264-0521 (TTY: 711 or 1-800-648-6056).

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 1-800-264-0521 (TTY: 711 or 1-800-648-6056)。

Deutsch (German):

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-264-0521 (TTY: 711 or 1-800-648-6056).

Tiếng Việt (Vietnamese):

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-264-0521 (TTY: 711 or 1-800-648-6056).

عربي (Arabic):

ملاحظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متوفرة لك مجاناً. اتصل بنا على رقم 18002640521 (رقم هاتفنا العربي: 711).

Srpsko-hrvatski (Serbo-Croatian):

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-264-0521 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711 or 1-800-648-6056).

日本語 (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。1-800-264-0521 (TTY: 711 or 1-800-648-6056) まで、お電話にてご連絡ください。

Français (French):

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-264-0521 (ATS : 711 or 1-800-648-6056).

한국어 (Korean):

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-264-0521 (TTY: 711 or 1-800-648-6056) 번으로 전화해 주십시오.

Deutsch (Pennsylvania Dutch):

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-264-0521 (TTY: 711 or 1-800-648-6056).

नेपाली (Nepali):

ध्यान दिनुहोस्: तपाइंले नेपाली बोलनुहुन्छ भने तपाइंको नमिति भाषा सहायता सेवाहरु नःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-264-0521 (टटिविडः 711 or 1-800-648-6056) ।

*Cushite/ Oroomiffa (Oromo):

XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-264-0521 (TTY: 711 or 1-800-648-6056).

Русский (Russian):

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-264-0521 (телетайп: 711 or 1-800-648-6056).

Tagalog (Tagalog – Filipino):

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-264-0521 (TTY: 711 or 1-800-648-6056).

Ikirundi (Bantu – Kirundi):

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-800-264-0521 (TTY: 711 or 1-800-648-6056).

ध्यान दे: (Hindi)

यदि आप अंगरेजी नहीं बोलते हैं, तो आपके लिए नःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-264-0521 पर कॉल करें (टीटीवाई: 711 या 1-800-648-6056) ।

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵੱਚਿ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-264-0521 (TTY: 1-800-648-6056) 'ਤੇ ਕਾਲ ਕਰੋ।

Nederlands (Dutch)

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-264-0521 (TTY: 1-800-648-6056).