

SUNCOAST ENDOSCOPY OF SARASOTA NONDISCRIMINATION NOTICE

Suncoast Endoscopy of Sarasota complies with the applicable Federal Civil rights laws and does not discriminate on the basis of age, race, ethnicity, religion, culture, language or mental disability, socioeconomic status, sex, sexual orientation and gender identity or expression. Suncoast Endoscopy of Sarasota does not exclude people or treat them differently because of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation and gender identity or expression. Our health plans are also subject to the section 1557 nondiscrimination requirements and will be operated accordingly.

LANGUAGE ASSISTANCE

Suncoast Endoscopy of Sarasota provides services to people with disabilities to communicate effectively with us, such as:

Qualified sign language interpreters

Provides free language services to people whose primary language is not English, such as:

Qualified interpreters and information written in other languages

Written Information if other formats can be requested and made readily available, other formats may include (large print, audio, accessible electronic formats for visually impaired individuals.

If you need these services, contact the Administrator at 941-952-1145.

If you believe that Suncoast Endoscopy of Sarasota 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:

Jennifer Faircloth, Administrator

Suncoast Endoscopy of Sarasota

2089 Hawthorne St., #100

Sarasota, FL 34239

Phone: 941-952-1145

Fax: 941-952-1175

Email: jfaircloth1955@gmail.com

You can file a grievance in person, or by mail, fax, or email. If you need help filing a grievance, our Administrator 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>

<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, DC 20201

1-800-868-1019, 800-537-7697 (TDD)

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>

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ATTENTION: IF YOU SPEAK A FOREIGN LANGUAGE, ASSISTANCE SERVICES ARE FREE OF CHARGE AND ARE AVAILABLE TO YOU BY CALLING 1-941-952-1145.

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-941-952-1145.

Kreyòl Ayisyen (French Creole)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-941-952-1145.

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 1-941-952-1145.

Português (Portuguese)

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-941-952-1145.

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 1-941-952-1145。

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-941-952-1145.

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-941-952-1145.

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-941-952-1145.

Italiano (Italian)

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-941-952-1145.

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-941-952-1145.

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-941-952-1145.

Polski (Polish)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-941-952-1145.

ગુજરાતી (Gujarati)

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-941-952-1145.

ภาษาไทย (Thai)

แจ้งเตือน: ถ้าพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-941-952-1145.