

# Family 1<sup>st</sup> Dental

## Affordable Care Act Section 1557 Communications Requirements 10-2016

<http://www.nedental.org/>

We will take reasonable steps to provide free-of-charge language assistance services to people who speak languages we are likely to hear in our practice and who don't speak English well enough to talk to us about the dental care we are providing.

Appendix A to Part 92—Sample Notice Informing Individuals About Nondiscrimination and Accessibility Requirements and Sample Nondiscrimination Statement: Discrimination is Against the Law Family 1<sup>st</sup> Dental complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Family 1<sup>st</sup> Dental does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Family 1<sup>st</sup> Dental:

- 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

Information written in other languages If you need these services, contact your local Civil Rights Coordinator. If you believe that Family 1<sup>st</sup> Dental 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: Your local Civil Rights Coordinator. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, your local Civil Rights Coordinator 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 <http://www.hhs.gov/ocr/office/file/index.html>.

**English:** We will take reasonable steps to provide free-of-charge language assistance services to people who speak languages we are likely to hear in our practice and who don't speak English well enough to talk to us about the dental care we are providing.

**Spanish:**

Tomaremos acciones razonables para proporcionar servicios de asistencia lingüística gratuitos a aquellas personas cuyo lenguaje escuchamos frecuentemente en nuestro consultorio y que no hablen un inglés lo suficientemente bueno como para hablar con nosotros sobre el servicio odontológico que suministramos.

**Vietnamese:**

Chúng tôi sẽ thực hiện các bước cần thiết để cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho những người giao tiếp bằng những ngôn ngữ mà chúng tôi có thể nghe thấy tại phòng khám của mình và cho những người không có đủ trình độ tiếng Anh để thảo luận về dịch vụ chăm sóc nha khoa mà chúng tôi đang cung cấp.

**Chinese:** 我们将有序地做到提供免费的语言服务使我们能听懂英语不好的人向我们咨询有关牙齿护理

**Arabic:**

لغات يتحدثون الذين لا أشخاص تكل في دون اللغوية المساعدة خدمات توفير أجل من معقولة خطوات باتخاذ قوم سوف ال تحدث من يمكنهم جديده شكل الإندجالية تحدثي تقنون لوالذين ممارستنا خلال إليها نستمع أن المرجح من أخرى نقدمها التي الأسدان برعاية تعلق فيما إلينا.

**Karen:**

ပကဟံးန့တိအပတီလါအကြားဝဲဘဉ်ဝဲတဖဉ် လါကဟ့ဉ်လီ၊ ကျိဉ်တိ တိစါမါစါတိမါစါလါအကလီ ဆူပုလါအကတိကျိဉ်လါပအဲဉ်ဒီးန့ ဟူလါပတိဖံးတိမါအပူ ဒီးပုလါကတိအဲကလံးကျိဉ်တဘဉ်ဂုဂုလါ ကတဲသကိးတဘဉ်သးဒီးမဲတိကွါထွဲလါပဟ့ဉ်လီအီတဖဉ်န့ဉ်လီ။

**French:**

