

**NOTICE INFORMING INDIVIDUALS ABOUT NONDISCRIMINATION
AND ACCESSIBILITY REQUIREMENTS**

CapitalCare Medical Group complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CapitalCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CapitalCare:

- 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
 - o Information written in other languages
- If you need these services, contact 1-518-452-1337 x7117.

If you believe that CapitalCare 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: Dr. Louis Snitkoff, Chief Compliance Officer, 501 New Karner Road, Suite 1A, Albany, NY 12205, 1-518-452-1337 x7097, 1-518-724-6660 (Fax). You can file a grievance in person or by mail or fax. If you need help filing a grievance, Dr. Snitkoff 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>.

LIMITED ENGLISH PROFICIENCY LANGUAGE ASSISTANCE SERVICES

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-518-452-1337 x7117.

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 1-518-452-1337 x7117。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-518-452-1337 x7117.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-518-452-1337 x7117.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-518-452-1337 x7117 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-518-452-1337 x7117.

אויפֿמערקזאָם אפצאל פון פריי סערוויסעס הילף שפראך איך פאר פארהאן זענען, אידיש רעדט איר אויב: אויפֿמערקזאָם 1-518-452-1337 x7117

ল ক নঃ যিদি আপিন বাংলা, কথা বলেত পােরন, তাহেল িনঃখরচায় ভাষা সহায়তা পিরেষবা উপল আছ। েফানক ন ১-1-518-452-1337 x7117

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-518-452-1337 x7117.

ملحوظة: بالمجان لك تتوافر اللغوية المساعدة خدمات فإن، اللغة اذكر تتحدث كنت إذا: ملحوظة 1-518-452-1337 x7117 برقم اتصل.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-518-452-1337 x7117.

بيں دستياب ميں مفت خدمات كى مدد كى زبان كو آپ تو، بيں بولتے اردو آپ اگر: خبردار 1-518-452-1337 x7117 كريں كال .

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-518-452-1337 x7117.

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-518-452-1337 x7117.

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-518-452-1337 x7117.

