



Notice of Non-Discrimination

Clara Barton Medical Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2))

Clara Barton Medical Center does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Clara Barton Medical Center:

- Provides people with disabilities with reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact John Moshier, Civil Rights Coordinator.

If you believe that Clara Barton Medical Center 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: John Moshier, Civil Rights Coordinator, 250 West 9th Street, Hoisington, KS 67544, telephone (620) 653-2114, fax (620) 653-2350, jmoshier@cbhks.com.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, John 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/smartscreen/main.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)



Patient/Representative

Date

Patient unable to sign

Witness