

Rights under Title VI

Willow Health Care Inc. operates its programs and services without regard to race, color, or national origin, in accordance with Title VI of the Civil Rights Act of 1964.

If you believe you have been discriminated against on the basis of race, color, or national origin by Willow Health Care, Inc., you may file a Title VI complaint by completing, signing, and submitting the agency's Title VI Complaint Form.

How to file a Title VI complaint with Willow Health Care, Inc.:

1. Requests for Complaint Forms can be requested by writing to the WHCI corporate office-WHCI P.O. Box 309 Willow Springs, MO 65793.
2. In addition to the complaint process at Willow Health Care, Inc., complaints may be filed directly with the Federal Transit Administration, Office of Civil Rights, Region 7, FTA Region 7 Office, 901 Locust St. Suite 404 Kansas City, MO 64106.
3. Complaints must be filed within 180 days following the date of the alleged discriminatory occurrence and should contain as much detailed information about the alleged discrimination as possible.
4. The form must be signed and dated, and include your contact information.

If information is needed in another language, contact [417-469-0204].

POLICY AND PROCEDURES FOR COMMUNICATION WITH PERSONS WITH LIMITED ENGLISH PROFICIENCY

POLICY:

Willow Health Care, Inc. will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits. The policy of Willow Health Care, Inc. to ensure meaningful communication with LEP patients/clients and their authorized representatives involving their medical conditions and treatment. The policy also provides for communication of information contained in vital documents, including but not limited to, waivers of rights, consent to treatment forms, financial and insurance benefit forms, etc. All interpreters, translators and other aids needed to comply with this policy shall be provided without cost to the person being served, and patients/clients and their families will be informed of the availability of such assistance free of charge.

Language assistance will be provided through use of competent bilingual staff (when available), contracts or formal arrangements with local organizations providing interpretation or translation services, or technology and telephonic interpretation services. All staff will be provided notice of this policy and procedure, and staff that may have direct contact with LEP individuals will be trained in effective communication techniques, including the effective use of an interpreter.

Ozark Riverview Manor will conduct a regular review of the language access needs of our patient population, as well as update and monitor the implementation of this policy and these procedures, as necessary.

PROCEDURES:

1. IDENTIFYING LEP PERSONS AND THEIR LANGUAGE

Willow Health Care, Inc. will promptly identify the language and communication needs of the LEP person. If necessary, staff will use a language identification card or poster to determine the language. In addition, when records are kept of past interactions with patients (clients/residents) or family members, the language used to communicate with the LEP person will be included as part of the record.

2. OBTAINING A QUALIFIED INTERPRETER

Willow Health Care, Inc. is contracted with LanguageLine Solutions for over the phone language interpreter services to meet the needs of

providing appropriate and effective communication with any LEP person requiring such for effective communication.

The Administrator of each entity is responsible for insuring that all staff are adequately trained to appropriately manage determining the need for and following through with putting in place interpreter services for any LEP person requiring such assistance, if there is not a qualified staff member to provide effective and accurate assistance. Willow Health Care, Inc. will make available a LanguageLine dual handset phone which will enable the staff members and LEP person to have direct communication with a LanguageLine interpreter in the appropriate language needed, allowing them to communicate without barrier with such individuals. These services are available 24 hours a day, 7 days a week.

Some LEP persons may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the LEP person will not be used as interpreters unless specifically requested by that individual and **after** the LEP person has understood that an offer of an over the phone interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented in the person's file. If the LEP person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided to the LEP person as described above.

Children and other clients/patients/residents will **not** be used to interpret, in order to ensure confidentiality of information and accurate communication.

3. PROVIDING WRITTEN TRANSLATIONS

(a) When translation of vital documents is needed, each unit in Willow Health Care, Inc. will submit documents for translation into frequently-encountered languages to the Administrator. This translation will also be managed by LanguageLine Solutions. Original documents being submitted for translation will be in final, approved form with updated and accurate legal and medical information.

(b) Facilities will provide translation of other written materials, if needed, as well as written notice of the availability of translation, free of charge, for LEP individuals.

(c) Willow Health Care, Inc. will set benchmarks for translation of vital documents into additional languages over time.

4. PROVIDING NOTICE TO LEP PERSONS

Willow Health Care, Inc. will inform LEP persons of the availability of language assistance, free of charge, by providing written notice in languages LEP persons will understand. At a minimum, notices and signs will be posted and provided in intake areas and other points of entry. Notification will also be provided through one or more of the following: outreach documents, telephone voice mail menus, local newspapers, radio and television stations, and/or community-based organizations.

5. MONITORING LANGUAGE NEEDS AND IMPLEMENTATION

On an ongoing basis, Willow Health Care, Inc. will assess changes in demographics, types of services or other needs that may require reevaluation of this policy and its procedures. In addition, Willow Health Care, Inc. will regularly assess the efficacy of these procedures, including but not limited to mechanisms for securing interpreter services, equipment used for the delivery of language assistance, complaints filed by LEP persons, feedback from patients and community organizations, etc

6. USDA DISCRIMINATION COMPLAINT FILING

To file a complaint alleging discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office or write a letter addressed to USDA and provided in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(a) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(b) fax: (202) 690-7442; or

(c) email: program.intake@usda.gov.

“This institution is an equal opportunity provider.”

Europe

Albanian	Shqip 
Tregoni me gisht gjuhën tuaj. Do të thërrasim një përkthyes. Përkthyesi ofrohet falas për ju.	
Armenian	Հայերեն 
Նշեք, թե որ լեզվով եք խոսում: Թարգմանիչ կկանչենք: Թարգմանիչ ծառայությունները սրամատերով են առկա:	
Basque	Euskara 
Zure hizkuntza aukeratu. Jarraian interprete bati deituko diogu. Zerbitzu hau doakoa da.	
Bosnian	Bosanski 
Pokažite svoj jezik. Pozvat ćemo tumača. Uslugu tumača su besplatne za vas.	
Bulgarian	Български 
Посочете вашия език. Ще бъде извикан преводач. Преводачът е осигурен безплатно за вас.	
Croatian	Hrvatski 
Pokažite svoj jezik. Prevoditelj će biti pozvan. Prevoditeljja ćete dobiti besplatno.	
Czech	Čeština 
Ukažte na váš jazyk. Bude zavolán tlumočnick. Tlumočení je pro vás bezplatné.	
Danish	Dansk 
Peg på dit sprog. En tolk vil blive tilkaldt. Tolken tilbydes uden omkostninger for dig.	
Dutch	Nederlands 
Wijs uw taal aan. Er zal contact worden opgenomen met een tolk. De service van de tolk is geheel gratis.	
Estonian	Eesti keel 
Osutage oma keelel. Vastava tõlgiga võetakse ühendust. Tõlketeenus on teie jaoks tasuta.	
Finnish	Suomi 
Osoita maasi kieltä. Kutsomme tulkin paikalle. Tulkin käyttö on sinulle ilmaista.	
French	Français 
Indiquez votre langue et nous appellerons un interprète. Le service est gratuit.	
German	Deutsch 
Zeigen Sie auf Ihre Sprache. Ein Dolmetscher wird angefordert. Der Dolmetscher ist für Sie kostenlos.	
Greek	Ελληνικά 
Δείξτε τη γλώσσα σας και θα καλέσουμε ένα διερμηνέα. Ο διερμηνέας σας παρέχεται δωρεάν.	
Hungarian	Magyar 
Válassza ki a nyelvet. Tolmácsot fogunk hívni. A tolmács az Ön számára díjtalan.	

Europe - continued

Icelandic	Íslenska 
Bentu á þitt tungumál. Það verður hringt í túlk. Túlkurinn er þér að kostnaðarlausu.	
Italian	Italiano 
Indicare la propria lingua. Un interprete sarà chiamato. Il servizio è gratuito.	
Lithuanian	Lietuvių 
Nurodykite savo kalbą. Bus pakviestas vertėjas. Vertėjas jums bus suteiktas nemokamai.	
Macedonian	Македонски 
Покажете на јазикот на кој зборувате. Ке повикаме преведувач. Услугите на преведувачот се бесплатни.	
Norwegian	Norsk 
Pek på språket dit. En tolk vil bli tilkalt. Tolken tilbys kostnadsfritt for deg.	
Polish	Polski 
Proszę wskazać swój język i wezwiemy tłumacza. Usługa ta zapewniana jest bezpłatnie.	
Portuguese	Português 
Indique o seu idioma. Um intérprete será chamado. A interpretação é fornecida sem qualquer custo para você.	
Romanian	Română 
Indicați limba pe care o vorbiți. Vi se va face legătura cu un interpret caare vă este asigurat gratuit.	
Russian	Русский 
Укажите язык, на котором вы говорите. Вам вызовут переводчика. Услуги переводчика предоставляются бесплатно.	
Serbian	Српски 
Покажите свой язык. Преводилац ће бити позван. Преводилац је за вас обезбеђен бесплатно.	
Slovak	Slovenčina 
Ukažte na svoj jazyk. Zavoláme tlmočnika. Tlmočenie je pre vás bezplatné.	
Spanish	Español 
Señale su idioma y llamaremos a un intérprete. El servicio es gratuito.	
Swedish	Svenska 
Peka på ditt språk. En tolk kommer att tillkallas. Tolken erbjuds utan kostnad för dig.	
Ukrainian	Українська 
Вкажіть вашу мову. Вам викличуть перекладача. Послуги перекладача надаються безкоштовно.	
Yiddish	יידיש 
ווייזט אן אויף אייער שפראך און מען וועט רופן אן איבערזעצער. איר דארפט גארניט באצאלן פאר דער איבערזעצונג.	

Pacific Islands

Fijian	Vosa Vakaviti 
Dusia na nomu vosa. Ni na Vakarautaki mai e dua na dau vakadewa vosa. Na dau vakadewa vosa e sega ni saumi.	
Ilocano	Ilokano 
Itudo yo ti sao yo. Ag awag da ti maysa nga mangipatpataraw nga tumulong kadakayo nga awan ti bayad na.	
Indonesian	Bahasa Indonesia 
Tunjukkan bahasa Anda. Penerjemah akan dihubungi. Penerjemah disediakan gratis tanpa dikenakan biaya.	
Malay	Bahasa Melayu 
Tunjukkan bahasa anda. Jurubahasa akan dihubungi. Jurubahasa akan disediakan tanpa anda dikenakan bayaran.	
Marshallese	Kajin Majól 
Kelet kajin eo am. Im renaaj kúr juón am Ri-Ukok. Ri-Ukok eo enaaj jibañ cok ilo ejjelok wónéen.	
Samoan	Fa'asamoa 
Fa' asino lau gagana. Ole a vala' au se fa' amatala' upu. Ua saunia se fa' amatala' upu e aunoa ma se tau e te totogiina.	
Tagalog	Tagalog 
Ituro po ang inyong wika. Isang tagasalin ang ipagkakaloob nang libre sa inyo.	
Tongan	Lea Faka-Tonga 
Tuhu' I mai ho' o lea fakafonua. 'E ui ha fakatonulea. 'Oki ta' etotongi kia `a e fakatonulea.	



North America, South America, and Caribbean

French	Français 
Indiquez votre langue et nous appellerons un interprète. Le service est gratuit.	
Haitian Creole	Kreyòl 
Lonje dwèt ou sou lang ou pale a epi nap rele yon entèprèt pou ou. Nou ba ou sèvis entèprèt la gratis.	
Navajo	Diné K'ehjí 
Nizaad biká'ígíí bich'í' dah diilniih. Ata' halne' é la' hágo bi' di' dooniil. Ata' halne' é éí doo haida yit' éego bik' é ni' diilíeé da. T' áájiik' e ná ata' hodoolnih.	
Portuguese	Português 
Indique o seu idioma. Um intérprete será chamado. A interpretação é fornecida sem qualquer custo para você.	
Spanish	Español 
Señale su idioma y llamaremos a un intérprete. El servicio es gratuito.	

Language Identification Card

As a LanguageLine SolutionsSM client you have access to over-the-phone interpreting 24 hours a day, 7 days a week. Offer this card in face-to-face situations to determine which language a person speaks. The most frequently encountered languages in North America are grouped by the geographical region where they are commonly spoken.

- Locate the geographical region where you believe the speaker may be from. (Pacific Islands, Europe, etc.)
- Show the person the languages listed for that region. Underneath each language is the translation of the statement below:

English  English 
Point to your language. An interpreter will be called. The interpreter is provided at no cost to you.

- We offer interpreting from English into more than 200 languages. If you are unable to identify the language, our representative will help you with your call.
- To access an interpreter:

For more information about our services call 1-800-752-6096.



India, Pakistan, and Southwest Asia	
Bengali বাংলা 	 India
আপনার ভাষার দিকে নির্দেশ করুন। একজন দোভাষীকে ডাকা হবে। দোভাষী আপনি নিখরচায় পাবেন।	
Gujarati ગુજરાતી 	 India
તમારી ભાષાની ઉલ્લેખ કરો. કુભાષિયાને બોલાવી શકાશે. ભોભાષિયાને બોલવવામાં તમારે ખર્ચ આપવો નહિ પડે	
Hindi हिंदी 	 India
अपनी भाषा को इंगित करें। जिसके अनुसार आपको लिए दुभाषिया बुलाया जाएगा। आपके लिए दुभाषिया की निशुल्क व्यवस्था की जाती है।	
Malayalam മലയാളം 	 India
നിങ്ങളുടെ ഭാഷയിലേക്ക് ചൂണ്ടുക. ഒരു വ്യാഖ്യാതാവിന്റെ സേവനം ലഭ്യമാക്കും. ഈ വ്യാഖ്യാതാവിന്റെ സേവനം നിങ്ങൾക്ക് സൗജന്യമായാണ് നൽകുന്നത്.	
Nepali नेपाली 	 Nepal
आफ्नो भाषातर्फ आँल्याउनुहोस्। एक दोभाषेलाई बोलाइनेछ। तपाईंको विना कुनै खर्चको, एकजना दोभाषे उपलब्ध गराइनेछ।	
Punjabi ਪੰਜਾਬੀ 	 India
ਆਪਣੀ ਭਾਸ਼ਾ ਵੱਲ ਇਸ਼ਾਰਾ ਕਰੋ। ਜਿਸ ਮੁਤਾਬਕ ਇਕ ਦੁਬਾਸ਼ੀਆ ਬੁਲਾਇਆ ਜਾਵੇਗਾ। ਤੁਹਾਡੇ ਬਈ ਦੁਬਾਸ਼ੀਆ ਦੀ ਮੁਫਤ ਇੰਤਜ਼ਾਮ ਕੀਤਾ ਜਾਂਦਾ ਹੈ।	
Sinhalese සිංහල 	 Sri Lanka
ඔබේ භෂම පෙන්වන්න. භෂ පරිවර්තකයෙකු කැඳවෙනු ඇත. භෂ පරිවර්තකය ඔබ වෙත නෙමිලේ සැපයෙනු ඇත.	
Tamil தமிழ் 	 India
உங்கள் மொழியைச் சுட்டிக்காட்டுங்கள். மொழிபெயர்ப்பாளர் ஒருவர் அழைக்கப்படுவார். மொழிபெயர்ப்பாளருக்காக நீங்கள் செலவு செய்யத்தேவையில்லை.	
Telugu తెలుగు 	 India
మీ భాషను గుర్తించండి. మీ భాషనువారకులను పిలువబడును. మీకు ఎటువంటి ఖర్చు లేకుండా భాషనువారకులను సమకూర్చబడును.	
Urdu اُردو 	 India
اپنی زبان پر اشارہ کریں۔ ایک ترجمان کو بلاجائے گا۔ ترجمان کا انتظام آپ پر بغیر کسی خرچ کے کیا جائے گا۔	

Africa	
Acholi Аcoli 	 Uganda
Siem thok ma iyae. Ja loko ibiro luongi. Jaloko no ochiuni ma onge chudo.	
Amharic አማርኛ 	 Ethiopia
ቋንቋዎትን ያመልክቱ። አስተርጓሚ ይጠራል። አስተርጓሚው በነጻ ይቀርብልዎለታል።	
Arabic عربي 	 Algeria
أشر إلى لغتك. وسيتم الاتصال بمترجم فوري. كما سيتم إحضار المترجم الفوري مجانًا.	

Africa - continued	
Dinka Thok monyjang 	 Sudan
Weet ten thoungdie. Raan weetgeryc a col. Agerwelyic ku a cin aroop biyik yen.	
French Français 	 Algeria
Indiquez votre langue et nous appellerons un interprète. Le service est gratuit.	
Hausa Hausa 	 Nigeria
Nuna zuwa ga yarenka. Za a kira tafinta. An samar maka da tafintan ne ba tare da sai an biya kuɗi ba.	
Italian Italiano 	 Algeria
Indicare la propia lingua. Un interprete sarà chiamato. Il servizio è gratuito.	
Nuer Mägäcä luqäddä 	 Sudan
Ku tilmään luqäddäädä. Turjubään äyää looyëeri-doonää. Turjubäänkä läguḡu yëëräyo wää biläash.	
Oromo Oromo 	 Ethiopia
Gara afaan keetti eeri. Turjumaanni ni waamama. Turjumaanni beesee takka malee siif qophaawa.	
Portuguese Português 	 Algeria
Indique o seu idioma. Um intérprete será chamado. A interpretação é fornecida sem qualquer custo para você.	
Portuguese Creole Crioulo Portugues 	 Algeria
Nho pontá pa lingu qui nho ta papiã. No ta arranja um interprete pa nho. No ta rranja um interprete e nho ca ta pagá nada pa el.	
Somali Af-Soomaali 	 Somalia
Farta ku fiiqluqadaada... Waxa laguugu yeeri doonaa turjubaan. Turjubaanka wax lacagi kaaga bixi mayso.	
Swahili Kiswahili 	 Tanzania
Onyeshā lugha yako. Mkalimani ataitwa. Utapewa mkalimani bila gharama yoyote.	
Tigrinya ትግርኛ 	 Ethiopia
ቋንቋኹም አመልክቱ። አተርጓሚ አዎላ ይኸለል እዩ። ንአተርጓሚ አትከፍልዎ ዝኾነ ከፍሊት የለን።	
Wolof Wolof 	 Senegal
Taannal sa lakk ngir fiou bolela ak kou degg sa lakk mou dimbeuli leu. Ndimbeul bi do ci fey dara.	
Yoruba Yorùbá 	 Nigeria
Tọ́ka sí èdè rẹ̀. A ó pe ògbùfọ̀ kan. Ọ̀fẹ́ ní a ó pe ògbùfọ̀ yíí fún ọ.	

LanguageLine Solutions also offers LanguageU^c (VRI), Video Remote Interpreting for American Sign Language and spoken languages. For more information contact 1-888-763-3364 or LanguageUc@languageline.com or visit www.LanguageLine.com

Middle East	
Arabic عربي 	 Algeria
أشر إلى لغتك. وسيتم الاتصال بمترجم فوري. كما سيتم إحضار المترجم الفوري مجانًا.	
Armenian Հայերէն 	 Armenia
Նշեք, թե որ լեզվով եք խոսում: Թարգմանիչը կկանչվի: Թարգմանիչի ծառայությունները սրբանադրվում են անվճար:	
Azerbaijani Azərbaycan dili 	 Azerbaijan
Danışdığınız dili bildirin. Sizin üçün tərcüməçi dəvət olunacaq.Tərcümə xidməti üçün ödəniş tələb olunmur.	
Dari دري 	 Afghanistan
زبان مورد نظر را نشانی کنید. یک ترجمان فراخوانده خواهد شد. این برای شما کدام هزینه در پی نخواهد داشت.	
Farsi فارسي 	 Iran
زبان مورد نظر خود را مشخص کنید. یک مترجم برای شما درخواست خواهد شد. مترجم بصورت رایگان در اختیار شما قرار می گیرد.	
Hebrew עברית 	 Israel
הצבע לעבר השפה שלך, והנחנו נתקשר למתורגמן. שירותו של המתורגמן ניתן ללא תשלום.	
Kurdish کوردی 	 Kurdistan
نماژ به زمانه‌کتمان. وەرگێزیک بانگ ده‌کریٔ. بۆ ناماده‌کردنی وەرگێڕ هێچ پارهیەک له تو وەرناگیردریٔ.	
Pashto پښتو 	 Afghanistan
خپلې ژبې ته اشاره وكړئ. يو ژباړونكی به راوبلل شي. ستاسو له پاره د ژباړونكي انتظام په وړيا توگه كيږي.	
Turkish Türkçe 	 Turkey
Konuştduğunuz dili gösterin. Sizin için bir çevirmen aranacaktır. Bu çevirmen size ücretsiz sağlanır.	

Asia	
China 請指認您的語言，以便為您提供免費的日譯服務。 	 China
請指认您的语言，以便为您提供免费的口译服务。 	
Cantonese 廣東話 	 China
Chaochow 潮州話 	 China
Fukienese 福建話 	 China
Mandarin 國語 	 China
Shanghai 上海話 	 China
Taiwanese 台灣話 	 Taiwan
Toishanese 台山話 	 China

Asia- continued	
Burmese မြန်မာ 	 Myanmar
သင့်ဘာသာစကားကို ညွှန်ပြပါ။ စကားပြန် ခေါ်ပေးပါမည်။ သင့်အတွက် စကားပြန် အခမဲ့ ပေးပါမည်။	
Hmong Hmoob 	 USA
Taw rau koj hom lus. Yuav hu rau ib tug neeg txhais lus. Yuav muaj neeg txhais lus yam uas koj tsis tau them dab tsi.	
Indonesian Bahasa Indonesia 	 Indonesia
Tunjukkan bahasa Anda. Penerjemah akan dihubungi. Penerjemah disediakan gratis tanpa dikenakan biaya.	
Japanese 日本語 	 Japan
あなたの話す言語を指してください。無料で通訳サービスを提供します。	
Karen ကဵုနီုင် 	 Myanmar
နိင်လိဆူနီုင်.တၢ်ကတိးဖျၢ်နီုင်ထံတၢ်.တၢ်ဟ့ၣ်ဖျၢ်နီုင်ထံတၢ်လၢတဆိၣ်ဒီးဆဖျၢ်တလံၤဘၣ်.	
Khmer (Cambodian) ខ្មែរ (កម្ពុជា) 	 Cambodia
សូមចម្លែងភាសាអ្នក។ យើងនឹងហៅអ្នកបកប្រែភាសាមកជូន។ អ្នកបកប្រែភាសានឹងជួយអ្នកដោយមិនគិតថ្លៃ។	
Korean 한국어 	 South Korea
귀하께서 사용하는 언어를 지정하시면 해당 언어 통역 서비스를 무료로 제공해 드립니다.	
Laotian ພາສາລາວ 	 Laos
ຊື່ບອກພາສາທີ່ເຈົ້າເວົ້າໄດ້. ພວກເຮົາຈະຕິດຕໍ່ນາຍພາສາໃຫ້. ທ່ານບໍ່ຕ້ອງເສຍເງິນຄ່າແປໃຫ້ແກ່ນາຍແປພາສາ.	
Malay Bahasa Melayu 	 Malaysia
Tunjukkan bahasa anda. Jurubahasa akan dihubungi. Jurubahasa akan disediakan tanpa anda dikenakan bayaran.	
Mien Mien 	 China
Nuqv longc meih nyei waac fngx. Ninh mbuo porv waac miehnx oix zuqc heuc daaih lorx meih. Ninh mbuo porv waac miehnx tengx nyei jiauv louc yaac baeqc thenx miaiv zuqc cuotv zinh nyaanh faan-liuc.	
Mongolian Монгол 	 Mongolia
Танай хэлээ эаа. Орчуулагч дуудагдана. Орчуулагчийн тусламж танд үнэгүй байх болно.	
Thai ไทย 	 Thailand
ช่วยชี้ที่ภาษาที่ท่านพูด แล้วเราจะจัดหาสามให้ท่าน การใช้สามไม่ต้องเสียค่าใช้จ่าย	
Vietnamese Tiếng Việt 	 Vietnam
Hãy chỉ vào ngôn ngữ của quý vị. Một thông dịch viên sẽ được gọi đến, quý vị sẽ không phải trả tiền cho thông dịch viên.	

NONDISCRIMINATION POLICY

As a recipient of Federal financial assistance, and in accordance with Federal civil rights, and U.S. Department of Agriculture (USDA) civil rights, regulations and policies, Mountain View Healthcare does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs or reprisal or retaliation for prior civil rights activity, in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by Mountain View Healthcare directly or through a contractor or any other entity with which Mountain View Healthcare arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964 (nondiscrimination on the basis of race, color, national origin), Section 504 of the Rehabilitation Act of 1973 (nondiscrimination on the basis of disability), the Age Discrimination Act of 1975 (nondiscrimination on the basis of age), and Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91.

Additionally, in accordance with Section 1557 of the Patient Protection and Affordable Care Act of 2010, 42 U.S.C. § 18116 Mountain View Healthcare does not exclude, deny benefits to, or otherwise discriminate against any person on the grounds of sex (including gender identity), race, color, national origin, age, or disability in admission to, participation in, or receipt of the services and benefits under any of its health programs and activities, and in staff and employee assignments, whether carried out by Mountain View Healthcare directly or through a contractor or any other entity with which Mountain View Healthcare arranges to carry out its programs and activities.

Mountain View Healthcare will also take reasonable steps to ensure that persons with disabilities or Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits. The policy of Mountain View Healthcare is to ensure meaningful communication with disabled and LEP patients/clients and their authorized representatives involving their medical conditions and treatment. The policy also provides for communication of information contained in vital documents, including but not limited to, waivers of rights, consent to treatment forms, financial and insurance benefit forms, etc. All interpreters, translators, sign language interpreters and other aids needed to comply with this policy shall be provided without cost to the person being served, and patients/clients and their families will be informed of the availability of such assistance free of charge. If these services are needed, please contact Logan, the Nondiscrimination Coordinator for Mountain View Healthcare at 417-934-6818.

Affordable Care Act Grievance Procedure – ACA Section 1557

It is the policy of Mountain View Health Care not to discriminate on the basis of race, color, national origin, sex, age or disability. Mountain View Healthcare has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. § 18116) and its implementing regulations at 45 C.F.R. pt. 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of Logan Walkup, 1211 N. Ash Street, Mountain View, MO 65548, Phone: (417)934-6818, Fax: (417)934-1805, who has been designated as the Nondiscrimination Coordinator to coordinate the efforts of Mountain View Healthcare to comply with Section 1557.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for Mountain View Healthcare to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

Procedure:

- Grievances must be submitted to the Nondiscrimination Coordinator within (60 days) of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Nondiscrimination Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Nondiscrimination Coordinator will maintain the files and records of Mountain View Healthcare relating to such grievances. To the extent possible, and in accordance with applicable law, the Nondiscrimination Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Nondiscrimination Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.
- The person filing the grievance may appeal the decision of the Nondiscrimination Coordinator by writing to the CEO of Willow Health Care, Inc, within 15 days of receiving the Nondiscrimination Coordinator's decision. The CEO of Willow Health Care, Inc. shall issue a written decision in response to the appeal no later than 30 days after its filing.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the

basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is 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
Toll Free: 1-800-368-1019
TTD Number: 1-800-537-7697

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination. Mountain View Healthcare will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Nondiscrimination Coordinator will be responsible for such arrangements.

Dated: October 13, 2016

For further information please contact:

Provider Name: Mountain View Healthcare Contact Person/Section 504

Nondiscrimination Coordinator: Logan Walkup

Telephone Number: 417-934-6818

TDD or State Relay number:

Relay Missouri 711 or
TTY/ASCII: [1-800-735-2966](tel:1-800-735-2966)
Voice: [1-866-735-2460](tel:1-866-735-2460)
Voice Carry Over: [1-800-735-0135](tel:1-800-735-0135)
Speech to Speech: [1-877-735-7877](tel:1-877-735-7877)
Spanish: [1-800-520-7309](tel:1-800-520-7309)
900 Service: [1-900-230-6363](tel:1-900-230-6363)