

Beaufort Vision Clinic Nondiscrimination Statement

Beaufort Vision Clinic understands that discrimination is against the law and complies with all applicable Federal and State civil rights laws. Specifically, we do not discriminate on the basis of race, color, national origin, age, disability or sex. We do not exclude patients or treat them any differently based on any of these factors.

When necessary and free of charge to the patient, Beaufort Vision Clinic:

- Provides aids and services to patients with disabilities when necessary to effectively communicate with them
- Provides qualified sign language interpreters for hearing impaired patients
- Provides language services to those patients who cannot effectively communicate in English. This may include qualified interpreters or written information.

If you believe Beaufort Vision Clinic has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you may file a grievance with:

Grievance Officer: Michelle West
300 Campen Road
Beaufort, NC 28516
252-838-8822
252-838-0013
beaufortvision@aol.com

You may file your grievance in person, by mail, fax or email. If you need assistance filing a grievance, {Grievance Officer, Michelle West} is available to assist you.

You may also file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights two ways:

- (1) Electronically through the Office of Civil Rights Complaint Portal:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

- (2) By mail or phone at:

US Department of Health and Human Services
200 Independence Avenue SW Room 509F, HHH Building
Washington, DC 20201

1-800-368-1019 1-800-537-7697 (TDD)

Complaint forms are available at:

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

North Carolina

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 Eye Care we are providing.

Spanish:

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

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

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.

Korean:

저희는 적절한 조치를 통하여 언어 지원 서비스를 무료로 제공할 것입니다. 다만, 실제로 저희에게 관심이 있는 언어를 쓰지만 저희 치아 관리 서비스에 대해 의견을 줄 수 있을 만큼 영어로 의사소통이 원활하지 않는 경우로 한정합니다

French:

Nous prendrons les mesures raisonnables pour fournir des services d'assistance linguistique gratuits pour les individus qui parlent des langues que nous sommes susceptibles d'entendre durant nos séances et qui ne parlent pas suffisamment bien l'anglais pour discuter avec nous concernant les soins dentaires que nous fournissons.

Arabic:

سوف نقوم باتخاذ خطوات معقولة من أجل توفير خدمات المساعدة اللغوية بدون تكلفة للأشخاص الذين يتحدثون لغات أخرى من المرجح أن نستمتع إليها خلال ممارستنا والذين لا يتقنون تحدث الإنجليزية بشكل جيد يمكنهم من التحدث إلينا فيما يتعلق برعاية الأسنان التي نقدمها.

Hmong:

Peb yuav tsum nrhiav kev pab-dawb los ntawm kev pab cuam txhais lus rau cov neeg uas hais lus peb yeej tau hnov hauv peb txoj kev kawm thiab tus uas tsis paub hais lus Askiv txaus los tham rau peb txog kev pab kho hniav peb muaj.

Russian:

Мы принимаем необходимые меры, чтобы предоставить бесплатные услуги переводчика для общения на языках, с которыми мы сталкиваемся в нашей практике с клиентами, которые не владеют английским языком достаточно, чтобы обсудить с нами стоматологическое обслуживание, которое мы предоставляем.

Tagalog:

Gagawin namin ang mga makatwirang hakbang para maibigay namin ng walang bayad ang mga tulong na serbisyong sa wika para sa mga taong nagsasalita ng mga wikang karaniwan naming naririnig sa aming pagsasagawa at sa mga hindi bihasa sa pagsasalita ng Ingles na sasangguni sa amin tungkol sa pangangalaga ng gipin na ibinibigay namin.

Gujarati:

અમે એવા લોકોને વિના મૂલ્યે ભાષા સહાય સેવા પૂરી પાડવા ઉચિત પગલાં લઇશું
જેઓ એ ભાષાઓ બોલે છે જે અમને (તબીબી) પ્રેક્ટીસમાં સાંભળવા મળી શકે અને
જેઓ અમે જે દંત સુરક્ષા પ્રદાન કરીએ છીએ તેના વિષે વાત કરવા પૂરતું યોગ્ય ઇંગ્લીશ બોલી શકતા નથી.

Mon-Khmer, Cambodian:

យើងខ្ញុំនឹងចាត់វិធានការសមហេតុផលដើម្បីផ្តល់ជូននូវសេវាជំនួយភាសាដោយឥតគិតថ្លៃដល់អ្នកនិយាយភាសាដែលយើង
ខ្ញុំចង់ស្តាប់នៅក្នុងការអនុវត្តរបស់យើងខ្ញុំ
និងអ្នកដែលនិយាយភាសាអង់គ្លេសមិនសូវបានល្អក្នុងការនិយាយមកកាន់យើងខ្ញុំអំពីការថែទាំមាត់ធ្មេញដែលយើងខ្ញុំកំពុង
ផ្តល់ឱ្យ។

German:

Wir werden angemessene Schritte unternehmen, um denen eine gebührenfreie Sprachunterstützung zu bieten, die Sprachen sprechen, die wir möglicherweise in unserer Praxis hören, die aber kein Englisch sprechen, das gut genug ist, um mit uns über die Zahnpflege zu sprechen, die wir anbieten.

Hindi:

हम उन व्यक्तियों को, जो कि ऐसी भाषाएं बोलते हैं जो हम अपने अभ्यास में संभावित रूप में सुनना चाहते हैं और जो हमारे द्वारा प्रदान की जाने वाली डेंटल देखभाल के बारे में हमारे साथ उचित ढंग से अंग्रेज़ी नहीं बोलते, मुफ्त सेवाएं प्रदान करने के लिये उचित कदम उठाएंगे।

Laotian:

ພວກເຮົາຈະໃຊ້ຂັ້ນຕອນທີ່ເໝາະສົມ
ເພື່ອໃຫ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາບໍ່ເສຍຄ່າແກ່ຄົນຜູ້ທີ່ເວົ້າພາສາທີ່ພວກເຮົາອາດຈະໄດ້ຍິນຢູ່ໃນການຝຶກຊ້ອມຂອງພວກເຮົາ ແລະ ຜູ້ທີ່ບໍ່ເວົ້າພາສາອັງກິດໄດ້ດີພໍ ເພື່ອນົມກັບພວກເຮົາກ່ຽວກັບການບິ່ງແຍງດູແລແຂ້ວທີ່ພວກເຮົາກຳລັງຈັດໃຫ້.

Japanese:

実際に練習の中で耳にするく可能性がある言語を話す人々で、弊社が提供している歯科治療について、英語がそれほど上手でない人々に、無償の言語支援サービスを提供するために合理的な措置を講じるつもりです。

Beaufort Vision Clinic

Non-Discrimination Grievance Procedures

It is the policy of Beaufort Vision Clinic to not discriminate on the basis of race, color, national origin, sex, age or disability. {Practice Name} has adopted an internal grievance resolution procedure for prompt and equitable resolution of any allegation of discrimination as prohibited by Section 1557 of the Affordable Care Act. These actions may be examined by any patient by contacting {Grievance Coordinator, Michelle West}:

Grievance Officer: Michelle West
300 Campen Road
Beaufort, NC 28516
252-838-8822
252-838-0013
beaufortvision@aol.com

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 Beaufort Vision Clinic 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 Grievance 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 Grievance 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 Grievance Coordinator will maintain the files and records of Beaufort Vision Clinic relating to such grievances. To the extent possible, and in accordance with applicable law, the Grievance 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 Grievance 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 Grievance Coordinator by writing to Patrick Patterson, OD within 15 days of receiving the Grievance Coordinator's decision. Patrick Patterson, OD shall issue a written decision in response to the appeal no later than 30 days after its filing.

Beaufort Vision Clinic 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 Section 1557 Coordinator will be responsible for such arrangements.

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

1-800-368-1019 1-800-537-7697 (TDD)