

Discrimination is Against the Law Rutherford Allied 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. Rutherford Allied Medical Group does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Rutherford Allied Medical Group: • Provides free aids and services to people with disabilities 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 services to people whose primary language is not English, such as: ○ Qualified interpreters ○ Information written in other languages If you need these services, contact Linda Colón, Regional Manager. If you believe that Rutherford Allied Medical Group 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:

Linda Colón, Regional Manager

Office for Civil Rights

U.S. Department of Health and Human Services

Jacob Javits Federal Building

26 Federal Plaza - Suite 3312

New York, NY 10278

Customer Response Center: (800) 368-1019

Fax: (202) 619-3818

TDD: (800) 537-7697

Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Linda Colón, Regional Manager 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>.

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-(800) 368-1019 TDD: 1-(800) 537-7697.

**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-(800) 368-1019 TDD: 1-(800) 537-7697。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.  
1-(800) 368-1019 TDD: 1-(800) 537-7697번으로 전화해 주십시오.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis.  
Ligue para 1-(800) 368-1019 TDD: 1-(800) 537-7697.

◆यु ना: जो तमे◆जराती बोलता हे, तो िन:◆लु भाषा सहाय सेवाओ तमारा माट◆उपलब्ध छ.  
झेन करे 1-(800) 368-1019 TDD: 1-(800) 537-7697.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.  
Zadzwoń pod numer 1-(800) 368-1019 TDD: 1-(800) 537-7697.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di  
assistenza linguistica gratuiti. Chiamare il numero 1-(800) 368-1019 TDD: 1-(800)  
537-7697

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (1019-368-800-1)  
رقم

والبكم الصم ه: 1-(800-537-7697).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo  
ng tulong sa wika nang walang bayad. Tumawag sa 1-(800) 368-1019 TDD: 1-(800)  
537-7697.

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ng tulong sa wika nang walang bayad. Tumawag sa 1-(800) 368-1019 TDD: 1-(800)  
537-7697.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou.  
Rele 1-(800) 368-1019 TDD: 1-(800) 537-7697.

ध्यान द◆: य◆द आप ◆हदी बोलते ह ◆ तो आपके िलए मुफ्त म◆ भाषा सहायता सेवाएं उपलब्ध  
ह।◆ 1-(800) 368-1019 TDD: 1-(800) 537-7697

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.  
Gọi số 1-(800) 368-1019 TDD: 1-(800) 537-7697.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont  
proposés gratuitement. Appelez le 1-(800) 368-1019 TDD: 1-(800) 537-7697.

1-(800) 368-1019 537-7697 (800)-1-TDD. كخبردار: اكر آپ اردو بولتے هے، تو آپ كو زبان كى مدد  
كى خدمات مفت ميں دستياب هے . كال