

**PROVIDERS COVERED UNDER AVITA FINANCIAL ASSISTANCE POLICY**

*Updated Quarterly*

Last Update 09-22-2021

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Darmody, Todd M.	MD	Kalapodis, Chris	MD	Raedy, Melany	DO	Zaghlool, David S.	DO
Das, Saurabh B.	MD	Kalb, Robert L.	MD	Randall, Kyle L.	MD	Zorio, Jennifer L.	CRNA
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## Compliance with Federal Civil Rights Laws

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

Avita Health System:

- 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, please inform your Admitting Clerk or contact Cinda Kropka, Civil Rights Coordinator at 419.468.0571.

If you believe that Avita Health System 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 Cinda M. Kropka, Compliance/Ethics & Privacy Director & Civil Rights Coordinator, 269 Portland Way S, Galion OH 44833, 419.468.0571, Fax 419.468.0721, or email ckropka@avitahs.org. You can file a grievance in person or by mail, fax, or email.

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>.

## Language Assistance Services

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 419-468-4841.

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 419-468-4841。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 419-468-4841.

مقرب لصتا .ناجملاب كل رفاوتت ةيوغلا ةدعاسملا تامدخ نإف ،ةغلا ركذا ةدحتت تنك اذا :ةظوحلم 4841-468-419 مكبلو مصلا فتاه

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 419-468-4841.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 419-468-4841.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 419-468-4841.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 419-468-4841.

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 419-468-4841.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 419-468-4841 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 419-468-4841.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。419-468-4841 まで、お電話にてご連絡ください。

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 419-468-4841.