

# STATEMENT OF NONDISCRIMINATION

JCMG complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

JCMG cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo

JCMG 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

## NOTICE OF NONDISCRIMINATION

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

JCMG:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters
- Provides free language services to people whose primary language is not English, such as qualified interpreters

If you need these services, contact Stuart Stangeland, JCMG Civil Rights Coordinator.

If you believe that JCMG 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:

Stuart Stangeland, Chief Executive Officer  
Jefferson City Medical Group  
1241 West Stadium Blvd  
Jefferson City, MO 65109  
Phone: (573) 556-7776  
Toll Free: (877) 635-JCMG (5264)  
Fax: (573) 636-5245

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Stuart Stangeland 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>

# NOTICE OF NONDISCRIMINATION AND ACCESSIBILITY

ATTENTION: If you speak English, language assistance services are available to you free of charge.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

رقمملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch.

Opgepasst: Wann Dir Pennsylvania Däitsch / Hollännesch schwätzt, sinn d'Sproochshëllefsservicer lech gratis verfügbar.

DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz.

ध्यान दऱः याद आप हदी बोलते ह तो आपके िलए मुफ्त मा भाषा सहायता सेवाएं उपलब्ध ह।

PERHATIAN: Jika Anda berbicara dalam Bahasa Indonesia, layanan bantuan bahasa akan tersedia secara gratis.

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