

McLaren Print System Order**Order No: 45401 Reprint Previous Order No: 29542****Order Date: 2019-05-15****User: Katie Jacobs****Phone: 9898263271****Ship Location: Evergreen Clinic-Katie Jacobs
611 Court Street
West Branch, Michigan 48661****Forms****Quantity: 100****Paragon Dept No: 69680****Dept Name: McLaren****Company Number: 810****Order Total Price: 0.00****Item Number: MHC-RI0001.7.2****Item Description: MHC Nondiscrimination Notice****Revision Date: 2017****Print: 2 sided black and white****Paper: 20# White Text****Size: 8.5 x 11****Fold:****Finish: None****Drill: None****Misc Info: ds; black & white****Nondiscrimination Notice****Discrimination is Against the Law**

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

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters or 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 and/or information written in other languages.

If you need these services, contact Ashley Leach, Patient Experience Manager at (810) 342-1065.

If you believe that McLaren 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:

Ashley Leach, Patient Experience Manager
G-1080 N. Ballenger Hwy, Suite A
Flint, MI 48504
Office: (810) 342-1065
Fax: (810) 342-1033
Ashley.leach@mcclaren.org

You may file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Patient Experience Manager is available to help you.

You may 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 <http://ocrportal.hhs.gov/ocrportal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHS Building
Washington, D.C. 20201
1-800-368-1019, 800-533-7687 (TDD)
Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>