Nondiscrimination Notice

Mercy Care complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Mercy Care does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, health status or need for health care services.

Mercy Care:

- Provides no-cost aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides no-cost language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card or **1-800-385-4104 (TTY:711)**.

If you believe that Mercy Care 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 our Civil Rights Coordinator at:

Address: Attn: Civil Rights Coordinator
4750 S. 44th Place, Ste. 150, Phoenix, AZ 85040
Telephone: **1-888-234-7358 (TTY 711)**
Email: MedicaidCRCoordinator@mercycareaz.org

You can file a grievance in person or by mail or email. If you need help filing a grievance, our Civil Rights Coordinator 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, 1-800-537-7697 (TDD).

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html. This notice is available on the Mercy Care website at www.mercycareaz.org/content/dam/mercycare/pdf/MercyCare-1557-Notice-16Tags-020421-ua1.pdf.

Multi-language Interpreter Services

ENGLISH: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card or **1-800-385-4104** (TTY: **711**).

SPANISH: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que aparece en el reverso de su tarjeta de identificación o al **1-800-385-4104** (TTY: **711**).

VIETNAMESE: CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Hãy gọi số có ở mặt sau thẻ ID của quý vị hoặc **1-800-385-4104** (TTY: **711**).

ARABIC: ملاحظة: إذا كنت تتحدث اللغة العربية، ستكون خدمات المساعدة اللغوية متوفرة في ظهر بطاقة التعريف أو لك مجانًا. اتصل بالرقم الموجود **1-800-385-4104** (TTY: **711**).

NAVAJO: DÍÍ BAA NITSÁHÁKEES: Diné bizaad bíshnííh nisin nídínííł, bizaad bee ákónínízinígíí t’áá jiik’ehgo nidaałkaah, doo bee náhizįį’ da. Naa’áhí bikáá’gi bínáhásdláá’ígíí bikáá’gi bee hodíílnihígíí bich’į’ hodíilnih, áádóó díí bee hodíílnih: **1-800-385-4104** (TTY: **711**).

CHINESE: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電您的 ID 卡背面的電話號碼或**1-800-385-4104** (TTY: **711**)。

TAGALOG: PAUNAWA: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo para sa tulong sa wika. Tumawag sa numero na nasa likod ng iyong ID card o sa **1-800-385-4104** (TTY: **711**).

KOREAN: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드 뒷면에 있는 번호로나 **1-800-385-4104** (TTY: **711**) 번으로 연락해 주십시오.

FRENCH: ATTENTION: si vous parlez français, des services d’aide linguistique vous sont proposés gratuitement. Appelez le numéro indiqué au verso de votre carte d’identité ou le **1-800-385-4104** (TTY: **711**).

GERMAN: ACHTUNG: Wenn Sie Deutsch sprechen, können Sie unseren kostenlosen Sprachservice nutzen. Rufen Sie die Nummer auf der Rückseite Ihrer ID-Karte oder **1-800-385-4104** (TTY: **711**) an.

RUSSIAN: ВНИМАНИЕ: если вы говорите на русском языке, отличном от английского, вам доступны бесплатные услуги перевода. Позвоните по номеру, указанному на обратной стороне вашей идентификационной карты, или по номеру **1-800-385-4104** (TTY: **711**).

JAPANESE: 注意事項：日本語を話せる方は、無料の言語支援サービスをご利用いただけます。IDカード裏面に記載されている電話番号、または**1-800-385-4104** (TTY: **711**)までご連絡ください。

PERSIAN: توجه: اگر فارسی صحبت می‌کنید، خدمات کمک زبانی بدون هیچ هزینه‌ای در دسترس شما است. با شماره مندرج در پشت کارت ID خود یا **1-800-385-4104** (TTY: **711**) تماس بگیرید

SYRIAC:
ܐܬܘܪܝܐ: ܙܘܗܪܐ: ܐܢ ܡܡܠܠܝܬܘܢ ܠܫܢܐ ܐܬܘܪܝܐ ܐܝܬ ܚܘܕܪܢܐ ܕܐܫܬܡܫܬܐ ܠܫܢܢܝܐ ܡܓܢܐ ܠܟܘܢ. ܩܪܘ ܠܡܢܝܢܐ ܕܟܬܝܒ ܒܣܬܪܐ ܕ ܟܪܬܐ ܕܡܫܘܕܥܢܘܬܐ ܕܝܠܟܘܢ ܝܢ ܩܪܘ ܠܡܢܝܢܐ: **1-800-385-4104** (TTY: **711**).

SERBO-CROATIAN: OBAVEŠTENJE: Ako govorite srpski, usluge jezičke pomoći dostupne su vam besplatno. Pozovite broj na poleđini vaše identifikacione kartice ili broj **1-800-385-4104** (TTY: **711**).

THAI: ข้อควรทราบ: หากคุณพูดภาษาไทย เรามีบริการช่วยเหลือด้านภาษาให้ฟรี โทรไปที่หมายเลขด้านหลังบัตรประจำตัวของคุณ หรือ **1-800-385-4104** (TTY: **711**)

Nondiscrimination Notice

Mercy Care Department of Child Safety Comprehensive Health Plan (DCS CHP) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Mercy Care DCS CHP does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, health status or need for health care services.

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- Provides no-cost aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats).
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If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card or **1-800-385-4104 (TTY:711)**.

If you believe that Mercy Care DCS CHP 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 our Civil Rights Coordinator at:

Address: Attn: Civil Rights Coordinator
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SYRIAC:

ܟܬܒ ܐܬܘܪܝܐ ܐܝܬ ܠܟ ܠܫܢܐ ܐܬܘܪܝܐ ܐܢ ܐܡܪ ܠܫܢܐ ܐܬܘܪܝܐ: ܐܝܬ ܠܟ ܫܘܬܦ ܕܡܬܝܢ ܒܠܫܢܐ ܐܬܘܪܝܐ ܕܠܐ ܡܬܚܠܦ ܡܢ ܐܢܓܠܝܐ. ܡܢ ܠܝܬܟ ܕܬܬܨܠ ܠܡܠܦܘܢ ܕܒܬܪ ܗܘ ܡܢ ܒ ܡܢ ܠܝܬܟ: **1-800-385-4104** (TTY: **711**).

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