

## **Discrimination is Against the Law**

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

St. Rose Health Center does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

St. Rose Health Center 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)

St. Rose Health Center 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 the Site Manager at 620.786.6165.

If you believe that St. Rose Health Center 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:

Chief Legal Officer/Corporate Compliance Officer  
Hays Medical Center  
2220 Canterbury Drive  
Hays, Kansas 67601  
Telephone Number: 785.650.2759  
TTY/TDD or State Relay Number: 800.766.3777 (V/T); or Dial 711  
Fax: 785.623.5524  
Email: [joannah.applequist@haysmed.com](mailto:joannah.applequist@haysmed.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Joannah Applequist, Chief Legal Officer/Corporate Compliance Officer, 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>.

**ATTENTION:** If you speak a language other than English, language assistance services are available to you free of charge. Call 1-855-429-7633 (TTY: 1-800-766-3777).

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## **SPANISH**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-429-7633 (TTY: 1-800-766-3777).

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## **VIETNAMESE**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-429-7633 (TTY: 1-800-766-3777).

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## **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1-855-429-7633 (TTY: 1-800-766-3777)。

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## **GERMAN**

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-429-7633 (TTY: 1-800-766-3777).

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## **KOREAN**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-429-7633 (TTY: 1-800-766-3777)번으로 전화해 주십시오.

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## **LAOTIAN**

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ 1-855-429-7633 (TTY: 1-800-766-3777).

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## **ARABIC**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-429-7633 (TTY: 1-800-766-3777).

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## **TAGALOG**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-429-7633 (TTY: 1-800-766-3777)

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## **BURMESE**

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။

ဖုန်းနံပါတ် 1-855-429-7633 (TTY: 1-800-766-3777 ) သို့ ခေါ်ဆိုပါ။

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## **FRENCH**

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-429-7633 (TTY: 1-800-766-3777).

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## **JAPANESE**

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1-855-429-7633 (TTY: 1-800-766-3777)まで、お電話にてご連絡ください。

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## **RUSSIAN**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-429-7633 (телетайп: 1-800-766-3777).

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## **HMONG**

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-855-429-7633 (TTY: 1-800-766-3777).

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## **PERSIAN (FARSI)**

**توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با ( TTY: 1-800-766-3777 ) تماس بگیرید. 1-855-429-7633

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## **SWAHILI**

**KUMBUKA:** Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-855-429-7633 (TTY: 1-800-766-3777).

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