

EASTLAND VISION CLINIC NONDISCRIMINATION STATEMENT

Eastland Vision Clinic understands that discrimination is against the law and complies with all applicable Federal and State civil rights laws. Specifically, we do not discriminate on the basis of race, color, national origin, age, disability or sex. We do not exclude patients or treat them any differently based on any of these factors.

When necessary and free of charge to the patient, Eastland Vision Clinic:

- ⊙ Provides aids and services to patients with disabilities when necessary to effectively communicate with them.
- ⊙ Provides qualified sign language interpreters for hearing impaired patients.
- ⊙ Provides language services to those patients who cannot effectively communicate in English. This may include qualified interpreters or written information.

If you believe Eastland Vision Clinic 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.

Nicole
1067 Eastland Drive
Twin Falls, ID 83301
Telephone number: (208) 733-1944
Fax number: (208) 734-4984
Email address: eastlandvision@gmail.com

You may file your grievance in person, by mail, fax or e-mail. If you need assistance filing a grievance, Nicole is available to assist you.

You may also file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights two ways:

1- Electronically through the Office of Civil Rights Complaint Portal:
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

2- By mail or phone at:

US Department of Health and Human Services
200 Independence Avenue SW Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019 1-800-537-7697 (TDD)

Complaint forms are available at:

<http://www.gov/ocr/office/file/index.html>

EASTLAND VISION CLINIC NON-DISCRIMINATION GRIEVANCE PROCEDURES

It is the policy of Eastland Vision Clinic to not discriminate on the basis of race, color, national origin, sex, age or disability. Eastland Vision Clinic has adopted an internal grievance resolution procedure for prompt and equitable resolution of any allegation of discrimination as prohibited by Section 1557 of the Affordable Care Act. These actions may be examined by any patient by contacting Ilene.

Nicole
1067 Eastland Drive
Twin Falls, ID 83301
208-733-1944
208-734-4984

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for Eastland Vision clinic to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation or a grievance.

Procedure:

- ® Grievances must be submitted to the Grievance Coordinator within 60 Days of the date the person filing the grievance becomes aware of the alleged discrimination action.
- ® A complaint must be in writing, containing the name and address of the person filling it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- ®The Grievance Coordinator shall conduct an investigation of the complaint. This investigation may be in formal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint.
- ®The Grievance Coordinator will maintain the files and records of Eastland Vision Clinic relating to such grievances. To the extent possible, and in accordance with applicable law, the Grievance Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- ®The Grievance Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after it filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.
- ®The person filing the grievance may appeal the decision of the Grievance Coordinator by writing to Jared P Walker or Rustin M Hatch within 15 days of receiving the Grievance Coordinator's decision. Jared P Walker or Rustin M Hatch shall issue a written decision in response to the appeal no later than 30 days after its filing.

Eastland Vision Clinic will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in the grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is 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)

EASTLAND VISION CLINIC
INDIVIDUALS WITH LIMITED ENGLISH PROFICIENCY
INFORMATION REGARDING LANGUAGE ASSISTANCE SERVICES

ATTENTION: If you speak any of the following languages, language assistance services are available (free of charge) To you upon request.

Spanish	Chinese	Vietnamese	Korean	Tagalog – Filipino	Russian
Arabic	Farsi				