MARYLAND
Department of Health

NOTICE TO THE PUBLIC

NON-DISCRIMINATION STATEMENT AND ACCESSIBILITY REQUIREMENTS

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

The Department, upon request:

- Provides free aids and services to people with disabilities to communicate effectively with Department staff, such as:
    - Qualified sign language interpreters
    - 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
    - Information written in other languages

If you need these services, please contact the Department's health program, service, local health department or health insurance marketplace directly

If you believe that the Department 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: Delinda Johnson, Equal Access Compliance Unit, Office of Equal Opportunity Programs, Maryland Department of Health, 201 West Preston Street, Room 422, Baltimore, Maryland 21201, 410-767-6600 (voice), 1-800-735-2258 (TTY), (410) 333-5337 (Fax), delinda.johnson@maryland.gov (email).

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Delinda Johnson 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, DC 20201, 1-800-868-1019, 800-537-7697 (TDD).

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

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 based on 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, DC 20201.

Complaint forms are available at: http://www.hhs.gov/ocr/office/file/index.html. Such complaints must be filed within 180 days of the date of the alleged discrimination.

The Department 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 this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, or assuring a barrier-free location for the proceedings. If you need these services, please contact the Department's health program, service, local health department or health insurance marketplace directly. The Section 1557 Coordinator will ensure that the Department provides such services free and upon request in accordance with applicable policies and regulations

Language Accessibility Statement - Frederick County Health Department

Interpreter Services Are Available for Free

Help is available in your language:* 1-301-600-1029 (TTY: 711)*.

These services are available for free.

Español/Spanish

Hay ayuda disponible en su idioma: 1-301-600-1029 (TTY: 711). Estos servicios están disponibles gratis.

አማርኛ/Amharic

እገዛ በ ቋንቋዎ ማግኘት ይችላሉ፡፡: 1-301-600-1029 (TTY: 711) ። እነዚህ አገልግሎቶች ያለክፍያ የሚገኙ ነጻ ናቸው

العربية /Arabic.

ملحوظة :إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان .اتصل برقم 1-301-600-1029 رقم

والبكم الصم هـ: (TTY: 711)

中文/Chinese

用您的语言为您提供帮助：1-301-600-1029 (TTY: 711)。 这些服务都是免费的

فارسی /Farsi

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما این خدمات به تماس بگیرید. 1-301-600-1029 (TTY: 711) فراهم می باشد. با

Français/French

Vous pouvez disposer d'une assistance dans votre langue : 1-301-600-1029 (TTY: 711*)*. Ces services sont disponibles pour gratuitement.

ગુજરાતી/Gujarati

તમારી ભાષામાં મદદ ઉપલ છે: 1-301-600-1029 (ટીટીવાય: (TTY: 711). સેવાઓ મફત ઉપલ છે

kreyòl ayisyen/Haitian Creole

Gen èd ki disponib nan lang ou: 1-301-600-1029 (TTY: 711). Sèvis sa yo disponib gratis.

Igbo

Enyemaka di na asusu gi: 1-301-600-1029 (TTY: 711). Ọrụ ndị a dị na enweghi ugwo i ga akwu maka ya.

한국어/Korean

사용하시는 언어로 지원해드립니다: 1-301-600-1029 (TTY: 711). 무료로 제공 됩니다

Português/Portuguese

A ajuda está disponível em seu idioma: 1-301-600-1029 (TTY: 711). Estes serviços são oferecidos de graça.

Русский/Russian

Помощь доступна на вашем языке: 1-301-600-1029 (TTY: 711). Эти услуги предоставляются бесплатно.

Tagalog

Makakakuha kayo ng tulong sa iyong wika: 1-301-600-1029 (TTY: 711). Ang mga serbisyong ito ay libre.

اردو/Urdu

کال خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔

کر 1-301-600-1029 (TTY: 711)

Tiếng Việt/Vietnamese

Hỗ trợ là có sẵn trong ngôn ngữ của quí vị 1-*301-600-1029 (TTY: 711)*. Những dịch vụ này có sẵn miễn phí.

Yorùbá/Yoruba

Ìrànlọ́wọ́ wà ní àrọ́wọ́tó ní èdè rẹ: 1-301-600-1029 (TTY: 711). Awon ise yi wa fun o free.