



## NONDISCRIMINATION POLICY

As a recipient of federal financial assistance, Neurosurgical Associates PC does not exclude, deny benefits to, or otherwise discriminate against any person on the grounds of race, color, or national origin, or on the basis of disability or age in admission to, participation in, or receipt of the services and benefits of any of its programs and activities or in employment therein, whether carried out by Neurosurgical Associates PC directly or through a contractor or any other entity with whom arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Section 1557 of the Patient Protection and Affordable Care Act of 2010, and Regulations of the U.S. Department of Health and Human Services issued pursuant to the Acts, Title 45 Code of Federal Regulations Part 80, 84, and 91. (Other Federal Laws and Regulations provide similar protection against discrimination on grounds of sex and creed.)

In case of questions concerning this policy, or in the event of a desire to file a complaint alleging violations of the above, please contact: Robert Carruba 205-933-8981.

The following is a notice of nondiscrimination which was found to be acceptable as a shortened version of a provider's adopted policy of nondiscrimination. Owing to its brevity, such a statement is more convenient to include in publications, announcements, advertisements, etc., than the complete policy.

Neurosurgical Associates PC does not discriminate against any person on the basis of race, color, national origin, disability, or age in admission, treatment, or participation in its programs, services and activities, or in employment. For further information about this policy, contact: Robert Carruba 205-933-8981.

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>.



ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

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

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số

مقرب لصتنا. ناچملا ب كل رفاوتت ةيوغلا ةدعاسملا تامدخ نإف، ةغلا ركذا ثدحتت تنك اذا: ةظوحلم

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

◆यना ु : જો તમે◆જરાતી ુ બોલતા હો, તો િન:◆લ્ ભાષા સહાય સેવાઓ તમારા માટે◆ઉપલબ્ છે.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

ध्या द◆: य◆द आप◆ हंद◆ बोलतेह◆तो आपके◆लए मुफ् म◆भाषा सहायता सेवाएंउपलब् ह◆।

ໄປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍ່ ີວການຊ່ວຍເຫຼືອ ອດ້ານພາສາ, ໂດຍບໍ່ ັ ສ້ ງຄ່າ, ແມ່ນມີ ພ້ອມໃຫ້ທ່ານ.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis.

DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz.

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。