



Colorado Springs
EYE CLINIC

NONDISCRIMINATORY / CIVIL RIGHTS COMPLIANCE POLICY

Informing Individuals of Language Assistance Services

Language Assistance

Colorado Springs Eye Clinic complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Colorado Springs Eye Clinic provides free aids and services to people with disabilities or with limited English proficiency to assist in communicating effectively with us. These services include:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, or other formats)
- Qualified interpreters
- Information written in other languages

These services are made available by contacting the office administrator at (719) 632-3547.

If you believe that Colorado Springs Eye 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 can file a grievance in person, by mail, or over the phone:

Colorado Springs Eye Clinic
2770 N Union Blvd, Suite 200
Colorado Springs, CO 80909
(719) 632-3547

If you need help filing a grievance, the office administrator 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/smartscreen/main.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. 2021
1-800-368-1019
(TDD 1-800-537-7697)

Complaint forms are available at <http://www.hhs.gov/ocr/filing-with-ocr/index.html>

Dè dɛ nìà kɛ dyédé gbo: ɔ jǔ ké ò [Bàsóò-wùdù-po-nyò] jǔ ní, níí, à wuɖu kà kò dò po-poò béin ò gbo kpáa.

ᐃá (719) 632-3547 (TTY: 1-800-537-7697)

Bengali

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে।

ফোন করুন ১-xxx-xxx-xxxx (TTY: ১-800-537-7697)।

Bisayan

ATENSYON: Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguwahe, nga walay bayad. Tawag sa (719) 632-3547 (TTY: 1-800-537-7697).

Burmese

သတိပြုရန် - အကယုၣ် သဒ္ဓညု ပုမန္ဓာစကား ကို ဝေပုဟပါက၊ ဘာသာစကား အကူအညီ၊ အခဲဲ၊ သင့ုအတြက

စီစဉ္ဇေဆၣ်တြကဝေပးပါမညု။ ဖုနးနံပါတ် (719) 632-3547 (TTY: 1-800-537-7697) သုိၣ် ဝေခင့ုဆိုပါ။

Cambodian

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្បួល គឺអាចមានសំរាប់បម្រើអ្នក។ ចូរ ទូរស័ព្ទ (719) 632-3547 (TTY: 1-800-537-7697)។

Catalan

ATENCIÓ: Si parleu Català, teniu disponible un servei d'ajuda lingüística sense cap càrrec. Truqueu al (719) 632-3547 (TTY o teletip: 1-800-537-7697).

Chamorro

ATENSIÓN: Yanggen un tungó [I linguahén Chamoru], i setbision linguahé gaige para hagu dibatde ha .
Agang I (719) 632-3547 (TTY: 1-800-537-7697).

Cherokee

Hagsesda: iyuhno hyiwoniha [tsalagi gawonihisdi]. Call (719) 632-3547 (TTY: 1-800-537-7697)

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 (719) 632-3547 (TTY : 1-800-537-7697) 。

Choctaw

ANOMPA PĀ PISAH: [Chahta] makilla ish anompoli hokmā, kvna hosh Nahollo Anompa ya pipilla hosh chi tosholahinla. Atoko, hattak yvmmā im anompoli chi bvnnakmvt, holhtina pā payah: (719) 632-3547 (TTY: 1-800-537-7697).

Dinka

PIŊ KENE: Na ye jam nē Thuɔŋjaŋ, ke kuony yenē kɔc waar thook atō kuka lēu yök abac ke cīn wēnh cuatē piny. Yuɔpē (719) 632-3547 (TTY: 1-800-537-7697)

Dutch

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel (719) 632-3547 (TTY: 1-800-537-7697).

English

ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call (719) 632-3547 (TTY: 1-800-537-7697).

Farsi

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (719) 632-3547 (TTY: 1-800-537-7697) تماس بگیرید.

French

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

Appelez le (719) 632-3547 (ATS : 1-800-537-7697).

Fulfulde

MAANDO: To a waawi [Adamawa], e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu (719) 632-3547

(TTY: 1-800-537-7697).

German

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

Verfügung. Rufnummer: (719) 632-3547 (TTY: 1-800-537-7697).

Greek

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες

παρέχονται δωρεάν. Καλέστε (719) 632-3547 (TTY: 1-800-537-7697).

Gujarati

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો (719) 632-3547 (TTY: 1-800-537-7697).

Haitian-Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele (719) 632-3547 (TTY: 1-800-537-7697).

Hawaiian

E NĀNĀ MAI: Inā ho'opuka 'oe i ka 'ōlelo [ho'okomo 'ōlelo], loa'a ke kōkua manuahi iā 'oe.

E kelepona iā (719) 632-3547 (TTY: 1-800-537-7697).

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। (719) 632-3547 (TTY: 1-800-537-7697) पर कॉल करें।

Hmong

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (719) 632-3547 (TTY: 1-800-537-7697).

Ibo

Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call (719) 632-3547 (TTY: 1-800-537-7697).

Ilocano

PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti (719) 632-3547 (TTY: 1-800-537-7697).

Indonesian

PERHATIAN: Jika Anda berbicara dalam Bahasa Indonesia, layanan bantuan bahasa akan tersedia secara gratis. Hubungi (719) 632-3547 (TTY: 1-800-537-7697).

Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero (719) 632-3547 (TTY: 1-800-537-7697).

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。(719) 632-3547 (TTY: 1-800-537-7697) まで、お電話にてご連絡ください。

Kirundi

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona (719) 632-3547 (TTY: 1-800-537-7697).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (719) 632-3547

(TTY: 1-800-537-7697) 번으로 전화해 주십시오.

Kurdish

ئاگاداری: ئەگەر بە زمانی کوردی قەسە دەکەیت، خزمەتگوزاریەکانی یارمەتی زمان، بەخۆراپی، بۆتۆ بەردەستە. پەيوهندی بە

پەيوهندی بە (719) 632-3547 (TTY: 1-800-537-7697) بکە.

Lao

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີຮ່ວມໃຫ້

ທ່ານ. ໂທສ (719) 632-3547 (TTY: 1-800-537-7697).

Marshallese

LALE: Ñe kwōj kōnono Kajin Mājōl, kwomaroñ bōk jermal in jipañ ilo kajin ñe aṃ ejjeļok wōñāān. Kaalok

(719) 632-3547 (TTY: 1-800-537-7697).

Navajo

D77 baa ak0 n7n7zin: D77 saad bee y1n7[ti'go **Diné Bizaad**, saad bee 1k1'1n7da'1wo'd66', t'11 jiiik'eh, 47 n1

h0l=, koj8' h0d77lnih (719) 632-3547 (TTY: 1-800-537-7697.)

Nepali

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् (719) 632-3547 (टिटिवाइ: 1-800-537-7697) ।

Norwegian

MERK: Hvis du snakker norsk, er gratis språkassistansetjenester tilgjengelige for deg. Ring (719) 632-3547 (TTY: 1-800-537-7697).

Oromo

XIYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama.

Bilbilaa (719) 632-3547 (TTY: 1-800-537-7697).

Pennsylvania-Dutch

Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call (719) 632-3547 (TTY: 1-800-537-7697).

Pohnpeian

Ni songen mwohmw ohte, komw pahn sohte anahne kawehwe mesen nting me koatoantoal kan ahpw wasa me ntingie [Lokaiahn Pohnpei] komw kalangan oh ntingidieng ni lokaiahn Pohnpei.

Call (719) 632-3547 (TTY: 1-800-537-7697).

Polish

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer (719) 632-3547 (TTY: 1-800-537-7697).

Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para (719) 632-3547 (TTY: 1-800-537-7697).

Punjabi

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। (719) 632-3547 (TTY: 1-800-537-7697) 'ਤੇ ਕਾਲ ਕਰੋ।

Romanian

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la (719) 632-3547 (TTY: 1-800-537-7697).

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (719) 632-3547 (телетайп: 1-800-537-7697).

Samoan

MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se todogi, mo oe, Telefoni mai: (719) 632-3547 (TTY: 1-800-537-7697).

Serbo-Croatian

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite (719) 632-3547 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-537-7697).

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (719) 632-3547 (TTY: 1-800-537-7697).

Swahili

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu (719) 632-3547 (TTY: 1-800-537-7697).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (719) 632-3547 (TTY: 1-800-537-7697).

Telugu

శ్రద్ధ పెట్టండి: ఒకవేళ మీరు తెలుగు భాష మాట్లాడుతున్నట్లయితే, మీ కొరకు తెలుగు భాషా సహాయక సేవలు ఉచితంగా లభిస్తాయి. (719) 632-3547 (TTY: 1-800-537-7697) కు కాల్ చేయండి.

Thai

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร (719) 632-3547 (TTY: 1-800-537-7697).

Tongan

FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai (719) 632-3547 (TTY: 1-800-537-7697).

Trukese

MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kori (719) 632-3547 (TTY: 1-800-537-7697).

Turkish

DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. (719) 632-3547 (TTY: 1-800-537-7697) irtibat numaralarını arayın.

Ukrainian

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером (719) 632-3547 (телетайп: 1-800-537-7697).

Urdu

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں - کال کریں (719) 632-3547 (TTY: 1-800-537-7697).

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (719) 632-3547 (TTY: 1-800-537-7697).

Yiddish

אויפֿמערקזאָם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 632- (719) אויפֿמערקזאָם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 3547 (TTY: 1-800-537-7697)

Yoruba

AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi (719) 632-3547 (TTY: 1-800-537-7697).

Section 1557 of the Affordable Care Act Grievance Procedure

It is the policy of Colorado Springs Eye Clinic not to discriminate on the basis of race, color, national origin, sex, age or disability. Colorado Springs Eye Clinic has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities.

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 the Practice to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

Submission of Grievance

Grievances must be submitted to the Section 1557 Coordinator within (60 days) of the date the person filing the grievance becomes aware of the alleged discriminatory action.

A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.

Investigation

The Section 1557 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 1557 Coordinator will maintain the files and records of the Practice relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 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 Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.

Appeal

The person filing the grievance may appeal the decision of the Section 1557 Coordinator by writing to the (Chief Executive Officer) within 15 days of receiving the Section 1557 Coordinator's decision. The (Chief Executive Officer) shall issue a written decision in response to the appeal no later than 30 days after its filing.

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, DC 20201
(800) 368-1019

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.

Accommodations in the Grievance Process

Colorado Springs Eye 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 this 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.