**MERCED VEIN & VASCULAR CENTER**  Mani Nallasivan, M.D., Inc. APC

**Discrimination is Against the Law**

Merced Vein & Vascular Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Merced Vein & Vascular Center does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Merced Vein & Vascular Center:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

\*Qualified sign language interpreters (prior timely notification by patient is required) \*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 (Spanish staff onsite) \*Information written in other languages (Spanish)

If you need these services, contact Manager – Mary Albert

If you believe that Merced Vein & Vascular 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:

Merced Vein & Vascular Center

Manager - Mary Albert

424 E. Yosemite Avenue Suite A

Merced, CA 95340

209-723-6882 f: 209-723-6884

Or email: [mercedvascular@gmail.com](mailto:mercedvascular@gmail.com)

You can file a grievance in person or by mail, fax, or email. If you need help in filing a grievance, Manager – Mary Albert 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>.

**Limited English Proficiency of Language Assistance Services**

**ENGLISH:**  ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Inquire with Staff at Reception Desk, OR CALL 1-877-696-6775.

**SPANISH:**  ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-696-6775.

**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 1-877-696-6775。

**VIETNAMESE:**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-696-6775.

**TAGALOG ( FILIPINO):** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-696-6775.

**हिंदी (Hindi):** ध्यान द􁱶: य􁳰द आप 􁳲हदी बोलते ह 􁱹तो आपके िलए मुफ्त म􁱶 भाषा सहायता सेवाएं उपलब्ध ह। 1-877-696-6775 पर कॉल कर

**HMOOB (HMONG)**

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-696-6775

**PORTUGUESE:** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-877-696-6775.

**ਪੰਜਾਬੀ (Punjabi):** ਿਧਆਨ ਿਦਓ: ਜੇ ਤੁਸ􀂀 ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤ􀁿 ਭਾਸ਼ਾ ਿਵੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-877-696-6775 'ਤੇ ਕਾਲ ਕਰੋ।

**Հայերեն (Armenian):**

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ.

Զանգահարեք 1-877-696-6775

**한국어 (Korean):**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-696-6775 번으로 전화해 주십시오.