Nondiscrimination Notice

Mary Free Bed complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Mary Free Bed does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Mary Free Bed:

* + Provides free aids and services to people with disabilities to communicate effectively with us, such as:
    - Qualified sign language interpreters.
    - Written information in other formats (large print, audio, accessible electric 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, contact Russ Gardner, Manager of Revenue Cycle and Financial Access

If you believe that Mary Free Bed 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: Russ Gardner, Manager of Revenue Cycle and Financial Access**,** 235 Wealthy Street SE, Grand Rapids MI 49503, phone: 616-840-8148, fax: 616-840-9718, [Russell.Gardner@maryfreebed.com](mailto:Russell.Gardner@maryfreebed.com). You can file a grievance in person, by mail, fax or email. If you need help filing a grievance, Russell Gardner, Manager of Revenue Cycle and Financial Access 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 of Civil Rights Complaint Portal, available at [*https://ocrportal.hhs.gov/ocr/portal/lobby.jsf*](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 [*https://www.hhs.gov/ocr/office/file/index.html*](https://www.hhs.gov/ocr/office/file/index.html)*.*

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-616-840-8148.

) xxx-xxx-xxxx- ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغویة تتوافر لك بالمجان. اتصل برقم 1-616-840-8148 ھاتف الصم والبكم:

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 1-616-840-8148

ܢܿ ܘܬܼ ܝܠ ܒܼܿ ܩܕ ܢܘܿ ܬܝܼܨܡܵ ،ܐܝܵ ܪܵ ܘܿ ܬܐܵ ܐܢܫܠ ܢܘܿ ܬܝܼ ܡܙܡ ܿ ܿ ܿ ܸܗܼ ܐܟ ܢܘܬܚܐܼ ܢܐ :ܐܪܗܘܙ ܵܵ ܿ .ܵܵܿ ܵܵܵܿܿܿ1-616-840-8148 -ܐܢܝܢܡܸܠܥܢܘܪܩܬܝܐܼܢܓܡܼܐܢܫܠܒܸ ܐܬܪܝܼܗܼܕ ܐܬܹܡܠܼܚܸ xxxx) ܼܿ

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-616-840-8148.

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-616-840-8148.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-616-840-8148번으로 전화해 주십시오.

ল�য্ কর‍নঃ যিদ আপিন বাংলা, কথা বলেত পােরন, তাহেল িনঃখরচায় ভাষা সহায়তা পিরেষবা উপল� আেছ। েফান কর‍ন ১-616-840-8148।

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-616-840-8148.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-616-840-8148

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-616-840-8148

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。1-616-840-8148まで、お電話にてご連絡ください。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-616-840-8148

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 616-840-8148

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-616-840-8148

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