



**CORVALLIS  
FAMILY MEDICINE P.C.**  
*Your family's health begins here.*

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## **NOTICE INFORMING INDIVIDUALS ABOUT NONDISCRIMINATION AND ACCESSIBILITY REQUIREMENTS**

Corvallis Family Medicine, P.C. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Corvallis Family Medicine, P.C. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Corvallis Family Medicine, P.C.:

- 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 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, contact Corvallis Family Medicine Reception

If you believe that Corvallis Family Medicine, P.C. 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: Corvallis Family Medicine Administration, 2400 NW Kings Blvd, Corvallis, Oregon 97330, Telephone number 541-757-2400, FAX number 541-752-0931, [admin@corvallisfamilymedicine.com](mailto:admin@corvallisfamilymedicine.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Corvallis Family Medicine Reception 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**

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 541-757-2400.

Atención: Si usted habla a Inglés, servicios de asistencia de idioma, de forma gratuita, están disponibles para usted. Llamar al 541-757-2400.

541-757-2400 استندعاء لك تتوفر مجاناً، اللغوية، المساعدة خدمات الإنجليزية، تتحدث كنت إذا: تنبيه

注意：如果你说英语，语言援助服务，免费的是可供您使用。调用 541-757-2400。

주의: 당신이 영어, 언어 지원 서비스를 무료로 사용할 수 있습니다 당신에 게. 541-757-2400를 호출 합니다.

注意: 英語を話す言語アシスタンス サービス、無料で、あなたに利用できます。541-757-2400 を呼び出します。注意：如果你說英語，語言援助服務，免費的是可供您使用。調用 541-757-2400。