



NONDISCRIMINATION NOTICE

Discrimination is against the law. Community Health Group follows Federal civil rights laws. Community Health Group does not discriminate, exclude people, or treat them differently because of race, color, national origin, age, disability, or sex.

Community Health Group provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - ✓ Qualified sign language interpreters
 - ✓ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- 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 Community Health Group by calling:

Medi-Cal: 1-800-224-7766

CommuniCare Advantage Cal MediConnect: 1-888-244-4430

We are open 24 hours per day, 7 days per week. Or, if you cannot hear or speak well, please call 1-855-266-4584.



HOW TO FILE A GRIEVANCE

If you believe that Community Health Group 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 Community Health Group. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact Community Health Group 24 hours per day, 7 days per week by calling:
 - Medi-Cal: 1-800-224-7766
 - CommuniCare Advantage Cal MediConnect: 1-888-244-4430

Or, if you cannot hear or speak well, please call 1-855-266-4584

- In writing: Fill out a complaint form or write a letter and send it to:
Community Health Group
Grievances and Appeals Department
2420 Fenton Street, Suite 100
Chula Vista, CA 91914
- In person: Visit your doctor's office or Community Health Group and say you want to file a grievance.
- Electronically: Visit Community Health Group's website at www.chgsd.com.

OFFICE OF CIVIL RIGHTS

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.
- In writing: Fill out a complaint form or send a letter to:
**U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201**
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
- Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

LANGUAGE ASSISTANCE

English

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call: MC: 1-800-224-7766, CMC: 1-888-244-4430 (TTY: 1-855-266-4584).

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al: MC: 1-800-224-7766, CMC: 1-888-244-4430 (TTY: 1-855-266-4584).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số: MC: 1-800-224-7766, CMC: 1-888-244-4430 (TTY: 1-855-266-4584).

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa: MC: 1-800-224-7766, CMC: 1-888-244-4430 (TTY: 1-855-266-4584).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. MC: 1-800-224-7766, CMC: 1-888-244-4430 (TTY: 1-855-266-4584) 번으로 전화해 주십시오.

繁體中文(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：MC: 1-800-224-7766, CMC: 1-888-244-4430 (TTY: 1-855-266-4584)。

Հայերեն (Armenian)

Ուշադրություն ՌԻՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվակապակցում անջնջ անձանայնություններ: Չանգահարեք: MC: 1-800-224-7766, CMC: 1-888-244-4430 (TTY (հենամիայն) 1-855-266-4584):

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните: MC: 1-800-224-7766, CMC: 1-888-244-4430 (телетайп: 1-855-266-4584).

یسراڻا (Farsi)

هجوٽ: رگا هب ن ابز ی سراڻا یم وگنڱڱ ، دهنک تلای هسڻ ین ابز تروص ب ن اگوار ی ارب امش
س امڻ دیروگب. MC: 1-800-224-7766, CMC: 1-888-244-4430
مهارف یم دشاب. اب (TTY:1-855-266-4584)

日本語 (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。: MC: 1-800-224-7766, CMC: 1-888-244-4430 (TTY: 1-855-266-4584) まで、お電話にてご連絡ください。

Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau: MC: 1-800-224-7766, CMC: 1-888-244-4430 (TTY:1-855-266-4584).

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ
ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। MC: 1-800-224-7766, CMC: 1-
888-244-4430 (TTY: 1-855-266-4584) 'ਤੇ ਕਾਲ ਕਰੋ।

ةبرعلا (Arabic)

ةيوغللا ةدعاسملا تامدخ نإف ،ةغلللا ركذا ثدحتت تنك اذا :ةظوحلم
مقرب لصتا . ن اجملاب لكل رفاوتت MC: 1-800-224-7766,
مكبل او مصللا فتاه مقرر (1-855-266-4584).
4584).

MC = Medi-Cal

CMC = CommuniCare Advantage Cal MediConnect

हिंदी (Hindi)

ध्यान दः यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं: MC: 1-800-224-7766, CMC: 1-888-244-4430 (TTY: 1-855-266-4584) पर कॉल करें।

ภาษาไทย (Thai)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร: MC: 1-800-224-7766, CMC: 1-888-244-4430 (TTY: 1-855-266-4584).

ខ្មែរ (Cambodian)

ប្រយ័ត្ន: បរើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, បសវាជំនួយខ្លួនកភាសា បោយមិនគិតថ្លៃ គឺអាចមានសារវំបរើអ្នក។ ចូរ ទូរស័ព្ទ: MC: 1-800-224-7766, CMC: 1-888-244-4430 (TTY: 1-855-266-4584)។

ພາສາລາວ (Lao)

ເຊີນຊາບ:
ຖ້າທ່ານເວົ້າພາສາລາວແມ່ນມີບໍລິການຊ່ວຍເຫຼືອພາສາໂດຍບໍ່ເສຍຄ່າໃຫ້ແກ່ທ່ານ. ກະລຸນາໂທຫາ: MC: 1-800-224-7766, CMC: 1-888-244-4430 (TTY: 1-855-266-4584).