

# DISCRIMINATION IS AGAINST THE LAW

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

Cullman Regional 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, notify your nurse or contact the main hospital phone number: (256) 737-2000.

If you believe that Cullman Regional 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:

Tricia Fuller, Compliance Officer

1912 Alabama Highway 157

Cullman, AL 35058

(256) 737-2659

[tricia.fuller@cullmanregional.com](mailto:tricia.fuller@cullmanregional.com)

You can file a grievance in person, by mail, or email. If you need help filing a grievance, Tricia Fuller is available to help you.

You can 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>

By mail at:

U.S. Department of Health and Human Services

200 Independence Ave. SW

Room 509F HHH Building

Washington, DC 20201

By phone at 1-800-368-1019; 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

## **Section 1557 of the Affordable Care Act Grievance Procedure**

It is the policy of Cullman Regional not to discriminate on the basis of race, color, national origin, sex, age or disability. Cullman Regional 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 C.F.R. pt. 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. Section 1557 and its implementing regulations may be examined in the office of Tricia Fuller, Compliance Officer, 1912 Alabama Highway 157, Cullman, Alabama 35058, (256) 737-2659, [tricia.fuller@cullmanregional.com](mailto:tricia.fuller@cullmanregional.com), who has been designated to coordinate the efforts of Cullman Regional to comply with Section 1557.

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

### **Procedure:**

- 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.
- 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 Cullman Regional 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.
- The person filing the grievance may appeal the decision of the Section 1557 Coordinator by writing to the CEO within 15 days of receiving the Section 1557 Coordinator's decision. The CEO 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, D.C. 20201

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.

Cullman Regional 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.

Dated: January 1, 2017

Tricia Fuller,  
Compliance Officer

# INTERPRETER SERVICES

Cullman Regional \_\_\_\_\_ has arranged for language assistance services free of charge. Call (256) 737-2000 (TTY: \_\_\_\_\_ N/A \_\_\_\_\_).

ENGLISH

If you speak English, language assistance services, free of charge, are available to you.

SPANISH

Si usted habla español, tiene a su disposición servicios de asistencia con el idioma sin costo alguno.

KOREAN

모국어가 한국어일 경우 무료 언어지원 서비스가 제공됩니다.

CHINESE

如果您讲汉语普通话，则可以免费向您提供语言协助服务。

VIETNAMESE

Chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị, nếu quý vị nói tiếng Việt.

ARABIC

إذا كنت تتحدث العربية، فستتوفر لك خدمات المساعدة اللغوية مجانًا.

GERMAN

Wenn Sie deutsch sprechen, stehen Ihnen kostenlos Sprachhilfen zur Verfügung.

FRENCH

Si votre langue est le français, des services d'assistance linguistiques sont mis gratuitement à votre disposition.

GUJARATI

તમે ગુજરાતી બોલતા હો, તો વિના મૂલ્યે, ભાષા સહાય સેવાઓ તમને ઉપલબ્ધ છે.

TAGALOG

Kung nagsasalita ka ng Tagalog, may magagamit kang mga serbisyo sa lengguahe na walang bayad.

HINDI

अगर आप हिन्दी बोलते हैं तो भाषा सहायता सेवा निःशुल्क उपलब्ध है।

LAOTIAN

ຖ້າທ່ານເວົ້າພາສາລາວ ແມ່ນມີບໍລິການຊ່ວຍເຫຼືອພາສາຝຣັ່ງໃຫ້ແກ່ທ່ານ.

RUSSIAN

Если ваш язык — русский, то вам могут быть предоставлены бесплатные услуги переводчика.

PORTUGUESE

Se você fala português, está disponível atendimento gratuito com assistência ao idioma.

TURKISH

Türkçe biliyorsanız, dil yardım hizmetlerini ücretsiz olarak kullanabilirsiniz.

JAPANESE

日本語を話される場合には、無償の言語支援サービスがご利用いただけます。