



## **Notice of Nondiscrimination pursuant to Section 1557**

Gastroenterology Associates of Rochester, LLP (“GAR”) complies with applicable Federal civil rights laws and does not discriminate on the basis of creed/religion, race/color, national origin, sex (including pregnancy, sexual orientation and gender identity or expression), marital status, military status, age or disability.

GAR provides appropriate auxiliary aids and services free of charge and in a timely manner, when such aids and services are necessary to ensure an equal opportunity to participate for individuals with disabilities. GAR provides language assistance services free of charge and in a timely manner, when such services are necessary to provide meaningful access to Limited English Proficiency (LEP) individuals. These aids and services can be requested by submitting a request to the Practice Administrator, Sandy Scheerens, who can be contacted at 585-504-1944 or 585-720-1550.

Any person who believes they or another patient has been subjected to discrimination on the basis of creed/religion, race/color, national origin, sex (including pregnancy, sexual orientation and gender identity or expression), marital status, status as a victim of domestic violence, military status, citizenship or immigration status, age or disability may submit a grievance (“Complainant”). It is against the law for GAR to retaliate against anyone who opposes discrimination, submits a grievance or participates in the investigation of a grievance.

Grievances must be submitted, in writing, to the Practice Administrator within sixty (60) days of the date the person submitting the grievance becomes aware of the alleged discriminatory action. The grievance must be post-marked, if submitted via postal service, or time-stamped, if submitted via electronic mail, on or before the sixtieth (60th) day. The grievance must contain the name and address of the Complainant, state the problem or action alleged to be discriminatory and set forth the remedy or relief sought.

The Practice Administrator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its receipt, including a notice to the Complainant of their right to pursue further administrative or legal remedies. The Complainant may appeal this decision by writing to a physician-owner of GAR within fifteen (15) days of receiving the same. The physician-owner shall issue a written decision in response to the appeal no later than 30 days after its filing.

A Complainant’s use of this grievance procedure does not prevent pursuit of other legal or administrative remedies, including filing a complaint in court, with the U.S. Department of Health and Human Services Office for Civil Rights or with the New York State Department of Human Rights.

ATTENTION: If you communicate with American Sign Language, language assistance services, free of charge, are available to you. Please tell our staff who will help you.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia en idiomas. Infórmeles a nuestro personal que estará dispuesto a ayudarle.

DIGNIIN: Haddii aad ku hadashid af Soomaali, adeegyada caawinta luuqada, oo bilaash ah, ayaa lagu heli karaa. Fadlan u sheeg shaqaalaheena oo ku caawinayo.

आनन्दुहोस्: यिद तपाईं नेपाली बोल्नुभन्छ भने तपाईंको लागि भाषा सहायता सेवाहरू निःशुल्क उपलब्ध छन्। कृपया यसको बारेमा कर्मचारीलाई बताउनुहोस् जसले तपाईंलाई मद्दत गर्न सक्छन्।

انتباه: إذا كنت تتكلم العربية فخدمة المساعدة اللغوية متوفرة لك مجاناً، يرجى التحدث إلى الموظفين الذين سوف يساعدونك.

ATTENTION : si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Veuillez en informer notre personnel qui vous aidera.

注意: 日本語の言語補助サービスは無料でご利用いただけます。ご利用の場合はスタッフにお伝えください。サポートいたします。

请注意: 如果您说普通话, 我们将为您提供免费的语言服务。请告诉我们的员工, 他们 will 为您提供帮助。

請注意: 如果您說廣東話, 可使用我們免費提供的語言服務。請告訴我們的員工, 他們將為您提供幫助。

공지: 한국어 사용자인 경우, 무료로 언어 지원 서비스를 이용하실 수 있습니다. 직원에게 말씀해 주시면 도와드립니다.

CHÚ Ý: Nếu bạn nói tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Vui lòng nói với nhân viên của chúng tôi để họ giúp bạn.

ВНИМАНИЕ! Если вы говорите по-русски, вам будет бесплатно предоставлена языковая помощь. Сообщите об этом нашему персоналу, и вам окажут поддержку.

आनन्दुहोस्: अगर आप हिंदी भाषा बोलते हैं, तो भाषा सहायता सेवाएँ आपके लिए निःशुल्क उपलब्ध हैं। कृपया इस संबंध में अधिक सहायता के लिए उपलब्ध हमारे कर्मचारी से संपर्क करें।

GEB ACHT: Wann du Pennsylvanisch Deutsch schwetztscht, Schprooch Hilfe Services, mitaus Koscht, sin do fer dich. Sei so gut un saag unser Staff Die waerrd dich helfe.

ATTENZIONE: per chi parla italiano è disponibile un servizio di assistenza linguistica gratuita. Rivolgersi al nostro staff per richiederlo.

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, μπορούμε να σας προσφέρουμε δωρεάν υπηρεσίες μετάφρασης. Μιλήστε με το προσωπικό μας για περισσότερες πληροφορίες.

UWAGA! Dla osób posługujących się j. polskim dostępne są bezpłatne usługi tłumaczeniowe. Prosimy poinformować personel, który zapewni pomoc.

PAG-UKULAN NG PANSIN: Kung nagsasalita ka ng Tagalog, may makukuha kang mga serbisyong tulong sa wika na walang bayad. Mangyaring sabihin sa aming kawani na tutulong sa iyo.

LET OP: Als u Nederlands spreekt, is taalondersteuning voor u beschikbaar zonder aanvullende kosten voor u. Als u onze medewerkers op de hoogte stelt, zult u ondersteuning ontvangen