

NOTICE OF NON-DISCRIMINATION

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

This provider:

- 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 the Compliance Officer and/or CEO at MOUNTAIN WEST MEDICAL CENTER.

If you believe that this provider 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:

Compliance Officer and/or CEO
MOUNTAIN WEST MEDICAL CENTER
2055 N. MAIN STREET, TOOELE, UT 84074
TEL – 435-843-3713; TTY – 800-346-4128; FAX – 435-843-2599
EMAIL: TooeleUT_ceo@QuorumHealth.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Compliance Officer and/or CEO 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, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

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

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you.

SPANISH

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

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。

VIETNAMESE

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

KOREAN

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

NAVAJO

Díí baa akó nínízin: **Diné Bizaad** bee yáníłti'go , t'áá jíík'e saad bee áká aná'álwo'jí ata hane', bee níká i'doolwoł.

NEPALI

ध्यान दनिहोस्: तपार्इले नेपाली बोल्नुहुन्छ भने तपार्इको नमित्तिभाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ ।

TONGAN

FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau fakatonu leá 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava pe ke ma'u ia.

SERBO-CROATIAN

OBAVJEŠTENJE: Ako govorite srpsko hrvatski, usluge jezičke pomoći dostupne su vam besplatno.

TAGALOG

PAUNAWA: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo ng tulong sa wika.

GERMAN

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

RUSSIAN

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

ARABIC

ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية متوفرة لك بالمجان.

MON-KHMER, CAMBODIAN

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អឺល្អ គឺអាចមានសំរាប់អ្នក។

FRENCH

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

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。

Call: 435-843-3713

TTY: 800-346-4128