Notice of Nondiscrimination

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

Holy Cross Health provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters; and
- Written information in other formats (large print, audio, accessible electronic formats and other formats).

Holy Cross Health provides free language services to people whose primary language is not English, such as:

- Qualified interpreters; and
- Information written in other languages.

If you need these services, please alert a staff member.

If you believe that Holy Cross Health 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:

Holy Cross Hospital: Director, Customer Relations, 1500 Forest Glen Rd., Silver Spring, Md., 20910, 301-754-7495 (phone), 301-754-7406 (TTY), 301-754-7494 (fax), SSMD-CustRelations@holycrosshealth.org (email)

Holy Cross Germantown Hospital: President, 19801 Observation Drive, Germantown, Md., 20876, 301-557-6020 (phone), 301-557-7406 (TTY), 301-557-5571 (fax), ssgtcustomerrelations@holycrosshealth.org (email)

Holy Cross Health Network: Vice President of Community Care Operations, 1500 Forest Glen Rd., Silver Spring, Md., 20910, 301-754-7872 (phone), 301-754-7406 (TTY), 301-754-7172 (fax), SSMD-CustRelations@holycrosshealth.org (email)

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the contacts above are 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.

English: Do you speak [language]? We will provide an interpreter at no personal cost to you.

Amharic አማርኛ — አማርኛ ይናገራሉ? እርስዎ በግልዎ ምንም ወጪ ሳያወጡ አስተርጓሚ እናቀርባለን።

Arabic اللغة العربية — هل تتحدث اللغة العربية؟ سوف نوفر لك مترجمًا فوريًا بدون أي تكلفة عليك.

Bengali বাংলা — আপনি কি বাংলায় কথা বলেন? আমরা আপনাকে একজন দোভাষী (ইন্টারপ্রিটার) দেব যার জন্য আপনার ব্যক্তিগতভাবে অর্থব্যয় করতে হবে না।

Brazil-Portuguese Português — Você fala português? Nós lhe forneceremos um interprete, sem nenhum custo adicional.

Cantonese 粵語 — 您講粵語嗎？我們將免費為您提供翻譯。

Farsi فارسی — فارسی صحبت می کنید؟ یک مترجم شفاهی رایگان در اختیار شما قرار خواهیم داد.

French Français — Parlez-vous français ? Nous vous fournirons gratuitement un interprète.

Haitian Creole Kreyòl Ayisyen — Èske ou pale Kreyòl Ayisyen? N ap ba ou yon entèprèt gratis.

Hindi हिन्दी — क्या आप हिन्दी बोलते हैं? हम आपके लिए बिना किसी निजी लागत के एक दुभाषिया को उपलब्ध कराएँगे।

Korean 한국어 — 한국어를 사용하십니까? 무료로 통역 서비스를 제공해 드리겠습니다.

Mandarin 中文 — 您讲国语吗？我们将免费为您提供翻译。

Nepali नेपाली — तपाईं नेपाली बोल्नुहुन्छ? हामी तपाईंको लागि निःशुल्क रूपमा दोभाषे उपलब्ध गराउने छौं।

Russian Русский — Вы говорите по-русски? Мы абсолютно бесплатно предоставим вам переводчика.

Spanish Español — ¿Habla español? Le proporcionaremos un intérprete sin costo alguno para usted.

Vietnamese Tiếng Việt — Quý vị nói được tiếng Việt không? Chúng tôi sẽ cung cấp một thông dịch viên miễn phí cho quý vị.

HOLY CROSS HEALTH