

<b>Non-Discrimination Policy</b>	<b>Policy Number: AD.N05</b> Page 1 of 3
<b>NHPCO Standard(s):</b>	
<b>Regulatory Citation(s): 42 U.S.C 18116; 45 CFR Part 92</b>	
<b>Original Date:</b> 12-01-99	<b>Revised Date:</b> 01- 2001, 1-2011, 6-2011; 12-31-13; 9-21-16, 5-10-18, 3-28-19

**POLICY:** It is the policy of Health Inc. not to discriminate on the basis of race, color, national origin, sex, age or disability. This statement is in accordance with of Section 1557 of the Affordable Care Act and with the provisions of the Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91.

The Compliance Manager is designated as the Health Inc. Section 1557 Coordinator.

Health Inc. does not exclude, deny benefits to, or otherwise discriminate against any person on basis of race, color, national origin, sex, age or disability in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by Health Inc. directly or through a contractor or any other entity with which Health Inc. arranges to carry out its programs and activities.

Health Inc. adheres to an equal opportunity policy for all persons seeking admission as patients. There is also no distinction in the manner of providing service. The organization does not discriminate due to the patient's choice to prepare or not prepare an advance directive. The organization does not discriminate against prospective patients based on health status, presence of a communicable disease or inability to pay.

Health Inc. is committed to diversity throughout the organization including, but not limited to: Board recruitment, selection and training, staff recruitment, advancement, and education; and patient relations.

Health Inc. posts Notices of Nondiscrimination and Taglines that alert individuals with limited English proficiency (LEP) to the availability of language assistance services in the top 15 non-English languages spoken in the State in which the entity is located or does business.

Health Inc. 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 CFR part 92, issued by the U.S. Department of Department of Health and Human Services. See Administration Policy AD.G15 *Grievance Procedure*.

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

**PROCEDURE:**

1. At orientation, the organization's nondiscriminatory admission policies are reviewed with new employees.
  2. Patients and/or responsible parties receive a copy of Patient / Family Rights & Responsibilities and the nondiscrimination policy is discussed during the initial assessment visit.
  3. All independent contractors, sub-contractors, referral sources, patients and others doing business with the company are informed of the Health Inc.'s adherence to Equal Opportunity principles.
    - a. This is accomplished by including the non-discrimination statement on standard contracts, brochures, patient/family handbook and a notice posted in the entry way of the Health Inc. offices.
  4. Language assistance will be provided through use of competent bilingual staff, contracts or formal arrangements with local organizations providing interpretation or translation services with either an individual or through Siouxland Community Health, technology and telephonic or written information in other formats (large print, audio, accessible electronic formats) interpretation services. All language assistance services will be provided without cost to the person being served, and patients and their families will be informed of the availability of such assistance free of charge.
    - a. When in person interpreter services are not available: Use Language Line services at **1-888-808-9008 or Video Remote Interpretation.**
    - b. Use of family members or friends as interpreters is discouraged.
    - c. Family members and friends should not be used to interpret significant healthcare services/information (diagnosis, consent, prognosis, treatment plan etc.)
  5. TTD and bilingual service availability are included on public information such as brochures and patient/family handbook and a posting will be displayed in Health Inc. offices.
  - 6.
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Recognizing that culture, language, spirituality, and ethnicity all have considerable impact on access and response to care, Health Inc.:

- a. Supports and promotes attitudes, behaviors, knowledge and skills necessary to work respectfully and effectively with patients, families, and staff members from diverse community populations;
- b. Develops and implements a strategy to recruit, retain, and promote qualified, diverse and culturally competent staff members and management trained and qualified to address the diverse needs of the community;
- c. Provides for ongoing diversity education and training on diversity and EEO rights and responsibilities;
- d. Ensures the patient's primary spoken language, religion, if specified, and self-identified race/ethnicity is included in clinical records;
- e. Makes available brochures and commonly used materials translated into the language of the predominant non-English groups in our service area;
- f. Ongoing organization self-assessment to determine any changes in demographics, diversity and staff competence in meeting the needs of the population served and identification of unmet needs in the Health Inc. service area.

**DOCUMENTATION**

1. Health Inc staff is responsible to document any interpreter/translator services performed in the EMR.
  2. If services are offered and refused, staff will document refusal in the EMR.
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## Notice of Nondiscrimination

### Discrimination is Against the Law

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

Hospice of Siouxland:

- 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 Susan Throne, Compliance Manager.

If you believe that Hospice of Siouxland 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: Susan Throne, Compliance Manager, 4300 Hamilton Blvd., Sioux City, IA 51104, Phone: (712) 233-4144, TTY number: (712) 233-4156, Fax: (712) 233-1123 or email: [thrones@hospicemail.com](mailto:thrones@hospicemail.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Susan Throne, Compliance Manager, 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, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

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

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IOWA

ESPAÑOL (SPANISH)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-712-233-4144 (TTY: 1-712-233-4156).

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 1-712-233-4144 (TTY: 1-712-233-4156)。

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 1-712-233-4144 (TTY: 1-712-233-4156).

SRPSKO-HRVATSKI (SERBO-CROATIAN)

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-712-233-4144. (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-712-233-4156).

DEUTSCH (GERMAN)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-712-233-4144 (TTY: 1-712-233-4156).

عربي (ARABIC)

مقرب لصتا. ناجملاب لكل رفاوتت ةيوجلل ادعاسملا تامدخ ناف، ةغلل ركذا شدحت تنك اذ: ةظوحلم  
1-712-233-4144. (مكبل او مصلا فتاه مقر). 1-712-233-4156.

LAOTIAN

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ຄມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-712-233-4144 (TTY: 1-712-233-4156).

한국어 (KOREAN)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-712-233-4144 (TTY: 1-712-233-4156) 번으로 전화해 주십시오.

HINDI

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-712-233-4144 (TTY: 1-712-233-4156). पर कॉल करें।

FRANÇAIS (FRENCH)

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-712-233-4144 (TTY: 1-712-233-4156).

DEITSCH (PENNSYLVANIA DUTCH)

Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-712-233-4144 (TTY: 1-712-233-4156).

THAI

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-712-233-4144 (TTY: 1-712-233-4156).

TAGALOG (TAGALOG – FILIPINO)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-712-233-4144 (TTY: 1-712-233-4156).

und

ဟံသာဝတီသား- နမ့်ကတိာ ကညိ ကျိာ်အယိ, နမ့်နုာ် ကျိာ်အတိာ်မာ်တဲာ်လဲာ် တလံာ်ဘျုးလံာ်စ့ာ် နိတံာ်ဘျုးန့ာ်လိာ်. ကိး  
1-712-233-4144 (TTY: 1-712-233-4156).

РУССКИЙ (RUSSIAN)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-712-233-4144. (телетайп: 1-712-233-4156).



**NEBRASKA**

ESPAÑOL (SPANISH)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-712-233-4144 (TTY: 1-712-233-4156).

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 1-712-233-4144 (TTY: 1-712-233-4156).

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 1-712-233-4144 (TTY: 1-712-233-4156)。

العربية (ARABIC)

مقرب لصيتا. ناجملاب لكل رفاوتتة يوغللادع اسملال تادخد ناف،ة غللاد كذا شحتت تنك اذا: عظو حلم  
1-712-233-4144 (TTY: 1-712-233-4156).

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၂၂၃၄၅၆၇၈- နမူကတိက ငါးကိုင် အိပ်အိပ်, နမူနာ ကိုင်အိပ်မေးပါလေ။ တတတတတတတတတတတ နိတမိဘဝ်သုန့ဉ်လိၤ။ ကိး  
1-712-233-4144 (TTY: 1-712-233-4156).

FRANÇAIS (FRENCH)

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.  
Appelez le 1-712-233-4144 (TTY: 1-712-233-4156).

OROMIFFA (OROMO)

XIYYEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-712-233-4144  
(TTY: 1-712-233-4156).

DEUTSCH (GERMAN)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-712-233-4144  
(TTY: 1-712-233-4156).

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

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ । फोन  
गर्नुहोस् 1-712-233-4144 (टिटिवाइ: 1-712-233-4156) ।

РУССКИЙ (RUSSIAN)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.  
Звоните 1-712-233-4144. (телетайп: 1-712-233-4156).

LAOTIAN

ໂປດຊາບ: ຖ້າ ວ່າ ທ່ານ ກວ່າ ພາສາ ລາວ, ການ ບໍລິການ ຊ່ວຍ ຕ້ອນ ອ່ານ ພາສາ, ໂດຍ ບໍ່ ຕ້ ວ່າ ລ່າ າ,  
ແມ່ນ ມີ ອໍ ອມ ໃຫ້ ທ່ານ. ໂທ ຄ 1-712-233-4144 (TTY: 1-712-233-4156).

KURDISH

ئاگاداری: ئه گهر به زمانى كوردى فهسه ده كه بێت، خزمهتگوزار بیهكانی یارمهتی زمان، بهخۆرای، بۆ تو بهر دهسته.  
په یوهندی به 1-712-233-4144 (TTY: 1-712-233-4156) بیه.

PERSIAN (FARSI)

**توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-712-233-4144 (TTY: 1-712-233-4156) تماس بگیرید.

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。1-712-233-4144 (TTY: 1-712-233-4156) まで、お電話にてご連絡ください。



**SOUTH DAKOTA**

ESPAÑOL (SPANISH)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-712-233-4144 (TTY: 1-712-233-4156).

DEUTSCH (GERMAN)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-712-233-4144 (TTY: 1-712-233-4156).

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ဟ်သ့ၣ်ဟ်သး- နမ့ၢ်ကတိၤ ကညီၣ် ကျိၣ်အယိၣ်, နမၤန့ၢ် ကျိၣ်အတိၢ်မၤစၢၤလၢ တလၢၣ်တူၣ်လၢၣ်စ့ၤ နီတမံၤဘၣ်သ့ၣ်န့ၣ်လီၤ. ကိး 1-712-233-4144 (TTY: 1-712-233-4156).

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አማርኛ (AMHARIC)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-712-233-4144 (መስማት ለተሳናቸው: 1-712-233-4156)።

ADAMAWA (FULFULDE)

MAANDO: To a waawi [Adamawa], e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-712-233-4144 (TTY: 1-712-233-4156).

TAGALOG (TAGALOG – FILIPINO)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-712-233-4144 (TTY: 1-712-233-4156).

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OROOMIFFA (OROMO)

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-712-233-4144 (TTY: 1-712-233-4156).

УКРАЇНСЬКА (UKRAINIAN)

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-712-233-4144 (телетайп: 1-712-233-4156).

FRANÇAIS (FRENCH)

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-712-233-4144 (TTY: 1-712-233-4156).

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