

Medical Center Health System (MCHS) is committed to equal care for all of our patients. Our Patient Non-Discrimination Policy was established to protect the well-being of every patient under our care.

Assessment of the patient's condition and preliminary emergency care will be rendered without regard to the patient's age, race, ethnicity, religion, culture/creed, language, physical or mental disability, socioeconomic status, sex, sexual orientation or gender identity or expression.

Ability to pay for certain accommodations, an individual's medical condition and maintenance of the patient's medical condition will be considered in making inpatient room assignments and transfers. This policy is in accordance with the provisions of 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 the Acts, Title 45 of Federal Regulations Part 80, 84 and 91. (Other federal laws and regulations provide similar protection against discrimination on grounds of sex and creed.)

The rights of patients are broadly addressed in one or more of the following: Patient Bill of Rights and Notice of Privacy Practices which are provided as patient's access the hospital.

MCHS complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

MCHS does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Medical Center Health System:

Provides free aid and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreter
- 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 Patient Experience Hotline at (432) 640-2273 or fax at (432) 640-2252.

If you believe that MCHS 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 the Patient Experience/Service Excellence Director, 500 West 4th Street, Odessa, Texas, 79761. You may contact by phone (432) 640-2273 or fax (432) 640-2252. You can file a grievance in person, by mail or fax. If you need help filing a grievance, the Patient Experience/Service Excellence Director 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 <http://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>;

[VIEW THE COMPLETE NOTICE OF NONDISCRIMINATION AND ACCESSIBILITY REQUIREMENTS](#)



Language Assistance Services

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-874-9426 (TTY: 1-800-735-2989).

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-874-9426 (TTY: 1-800-735-2989).

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1-800-874-9426（TTY：1-800-735-2989）。

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-874-9426 (TTY: 1-800-735-2989)번으로 전화해 주십시오.

Arabic

) -800-874-9426 - äáæÙÉ: ÅĐÇ BâÊ ÊÊÏË ÇÐBÑ ÇááÙÉ; ÝÅä ÏläÇÊ ÇáãÓÇÚÍÉ ÇááÙæÛÉ ÊÊæÇÝÑ áß ÈÇáãÏÇä. ÇÊÖá ÈÑÞã 1.(1-800-735-2989- æÇÊÝ ÇáÖã æÇáÈBã

Urdu

ËÈÑÏÇÑ: ÇÑÏæ ÈæáËÿ ÀÛÿ; Êæ ~æ ÒÈÇä ~Û äÏÏ ~Û ÏläÇÊ äÿË äÛÿ ÏÓËÛÇÈ ÀÛÿ - ~Çá 1-800-874-9426 (TTY: 1-800-735-2989). ~ÑÛÿ



Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-874-9426 (TTY: 1-800-735-2989).

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-874-9426 (ATS : 1-800-735-2989).

Hindi

ध्यान दें: आप हिंदी, भाषा सहायता सेवाओं, नि: शुल्क बोलते हैं, तो आप के लिए उपलब्ध हैं। कॉल 1-800-874-9426 (TTY: 1-800-735-2989)।

Persian

توجه: اگر شما فارسی، خدمات زبان، رایگان صحبت می در دسترس شما هستند. پاسخ 1-800-874-9426 (TTY: 1-800-735-2989)

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-874-9426 (TTY: 1-800-735-2989).

Gujarati

ધ્યાન: તમે ગુજરાતી ભાષા સહાય સેવાઓ વિના મૂલ્યે, વાત, તો તમે કરવા માટે ઉપલબ્ધ છે. કોલ કરો 1-800-874-9426 (TTY: 1-800-735-2989).

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-874-9426 (телетайп: 1-800-735-2989).

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。1-800-874-9426（TTY: 1-800-735-2989）まで、お電話にてご連絡ください。

Laotian

ຄວນລະວັງ: ຖ້າຫາກວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການການຊ່ວຍເຫຼືອພາສາ, ແສຍຄ່າໃຊ້ຈ່າຍ, ແມ່ນມີໃຫ້ເພື່ອທ່ານ. ໂທ 1, 800, 874, 9426 (TTY: 1, 800, 735, 2989).

