



NOTICE OF NON-DISCRIMINATION

Under Title II of Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973 and Section 1557 of the Affordable Care Act

Kearney County Health Services (KCHS), functioning as a Critical Access Hospital, and Minden Medical Clinic, functioning as a Rural Health Clinic, will provide appropriate health care services furnished by KCHS staff.

KCHS will prohibit discrimination on the basis race, color, national origin (including limited English proficiency and primary language), sex (including gender identity), age, disability, religion, or sexual orientation.

KCHS will inform each patient, and/or representative, and/or support person, where appropriate, in a language he or she can understand, of their right to be free from discrimination against them on any of these bases upon admission to KCHS.

Patients that have limited English proficiency will be offered a qualified interpreter and translator at no expense to them during their visit to the facility. Patients may utilize the audiovisual interpreting service, AMN, through a facility iPad in their preferred language (including sign language). Multiple languages are available through this service including Sign Language.

Written patient discharge instructions in multiple languages are available through Cerner Community Works electronic medical record system. Patient Rights and Responsibilities, confidentiality forms, AMA forms, patient consent forms, and Medicare notices are available in English and Spanish. Other languages will be discussed with the interpreter present.

KCHS will provide appropriate auxiliary aids and services free of charge. Patients unable to communicate verbally will be supplied with auxiliary aids or services to ensure effective communication. Other forms of communication offered to patients may include, but are not limited to, marker boards for written communication, pictures for visual communication, utilization of the patient's own electronic communication device, or a qualified adult attendant that the patient chooses if this is what they prefer.

Any patient and/or a patient representative may inform a KCHS staff member of the need for language assistance or appropriate auxiliary aids.

KCHS will provide reasonable modifications and opportunities to participate for individuals with disabilities. Any patient can seek assistance from a KCHS staff member if they encounter discrimination.

If there are questions or concerns or to file a grievance:

Please contact the Section 1557 Coordinator:

Gavin Blum, Corporate Compliance Officer

Kearney County Health Services

727 East First St.



KEARNEY COUNTY
HEALTH SERVICES

Minden, NE 68959

Phone: (308) 832-3400 ext. 2200

Email: gblum@kchs.org

How to File a Complaint with HHS Office for Civil Rights:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

(800) 368-1019, (800) 537-7697 (TDD)

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

Such complaints must be filed within 180 days of the alleged discrimination

Individuals with Limited English Proficiency – Language Assistance Services are Available:

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

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

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم

注意：如果您使用繁體中文，您可以免費獲得語言援助服務

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

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

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama.

ध्यान दनु होसः तपाइ ले नेपाल बोल्नहन्छ भन तपाइ को निम्त भाषा सहायता सवाहरू नःशल्क रूपमा उपलब्ध छ

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo.

ध्यान द : य द आप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.


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

ੰਯਨ: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี

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

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки.

727 East First St. Minden, NE 68959

Kearney County Health Services  Minden Medical Clinic