



## NOTICE

### *Discrimination Is Against the Law*

Mayo Clinic complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, creed, religion, gender, marital status, sexual orientation, gender identity or expression, veteran's status, status with regard to public assistance, national origin, disability, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities.

Mayo Clinic:

- Provides free aids and services to people with disabilities to communicate effectively, 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, please contact the Office of Patient Experience. If you believe that Mayo Clinic has failed to provide these services or discriminated in another way on the basis of race, color, creed, religion, gender, marital status, sexual orientation, gender identity or expression, veteran's status, status with regard to public assistance, national origin, disability, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, you can file a grievance with:

Office of Patient Experience, 200 First Street SW, Rochester, Minnesota 55905, 1-844-544-0036.

You can file a grievance in person or by mail. If you need help filing a grievance, Mayo Clinic Office of Patient Experience is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health & Human Services, Office for Civil Rights. File electronically through the Complaint Portal at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

File by mail: U.S. Department of Health & Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201

File by phone: 1-800-368-1019

Complaint files are available at [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html)

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-844-544-0036

ATENÇÃO: Serviços gratuitos de assistência em idiomas estão disponíveis Ligue 1-844-544-0036

ATENCIÓN: tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-544-0036

ملحوظة: خدمات المساعدة اللغوية متوفرة مجانًا. اتصل بالرقم 1-844-544-0036

ATANSYON: Gen sèvis èd lang, ki disponib gratis pou ou. Rele 1-844-544-0036

ВНИМАНИЕ! Вы можете бесплатно воспользоваться услугами переводчика. Звоните по номеру 1-844-544-0036

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-544-0036

ACHTUNG: Wir bieten Ihnen kostenlose sprachliche Hilfsdienste an. Kontaktieren Sie uns unter 1-844-544-0036

我们可以提供您免费语言协助服务。请致电 1-844-544-0036

PAUNAWA: Maaari kang gummit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-544-0036

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-544-0036 번으로 전화해 주십시오.

SHOOH: Diné Bizaad bee yáníłti'go doo bááh ílínígóó t'áá nizaad k'ehjí níká a'doowołgo bee haz'á. Kojí' hólne' 1-844-544-0036

ATTENTION: des services d'aide linguistique gratuits sont a votre disposition. Appelez le 1-844-544-0036

HUBACHIISA: Tajaajilliwwan deeggarsa afaanii, kaffaltii irraa bilisa ta'an, isiniif ni jiraatu. 1-844-544-0036 bilbilaa.

Tshwj Xeeb: Peb muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-844-544-0036

ATTENZIONE: Un servizio linguistico gratuito e disponibile a Voi. Telefonare 1-844-544-0036