



FACT SHEET



U.S. Department of Health and Human Services • Office for Civil Rights • Washington, D.C. 20201 • (202) 619-0403

HOW TO FILE A DISCRIMINATION COMPLAINT WITH THE OFFICE FOR CIVIL RIGHTS

If you believe that you have been discriminated against on the basis of race, color, national origin, disability, age, and in some cases sex or religion, by an entity (recipient) that receives Federal financial assistance from the U. S. Department of Health and Human Services (DHHS), you may file a complaint with the Office for Civil Rights (OCR) within 180 days from the date of the alleged discriminatory act. OCR may extend the 180-day period if you can show “good cause.”

OCR also is responsible for investigating complaints alleging that Hill-Burton facilities have not complied with community service requirements. If you believe that you have been subjected to a prohibited act or denied any rights available under law, you should notify OCR.

Include the following information in your written complaint, or request a Discrimination Complaint Form from an OCR Regional or Headquarters office:

- ✓ **Your name, address and telephone number.** You must sign your name.
(If you are filing a complaint on someone’s behalf, include your name, address, telephone number, and statement of your relationship to the individual--e.g., spouse, attorney, friend).
- ✓ **Name and address of the institution or agency you believe discriminated against you.**
- ✓ **How, why, and when you believe you were discriminated against.**
- ✓ **Any other relevant information.**

Send your complaint to the OCR Regional Manager at the appropriate OCR Regional Office (listed at the end of this Fact Sheet), or to the following OCR Headquarters address:

**Director
Office for Civil Rights
U. S. Department of Health and Human Services
200 Independence Avenue, SW - Room 506-F
Washington, D.C. 20201**

Upon receipt of your complaint, OCR will review it. If your complaint raises covered issues, an investigation will be initiated. (If we determine your complaint is not within our jurisdiction, OCR may forward it to an appropriate agency that may be able to help you.) If discrimination is found, OCR will negotiate with the institution or agency to voluntarily correct the discrimination. If negotiations are unsuccessful, enforcement proceedings may be instituted to suspend Federal funding. You may also have the right to consult a private attorney and seek relief through the filing of a private law suit.

Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973 prohibit the alleged discriminating party from taking retaliatory action. You should notify OCR immediately in the event of any retaliatory action.

If you require a quick answer regarding a civil rights problem, call OCR (toll-free) at: 1-800-368-1019 (Voice) or 1-800-537-7697 (TDD).

E-Mail: ocr@os.dhhs.gov

Website: <http://www.hhs.gov/ocr/>

OCR Regional Addresses

Region I - CT, ME, MA, NH, RI, VT

Office for Civil Rights
U.S. Department of Health & Human Services
JFK Federal Building - Room 1875
Boston, MA 02203
(617) 565-1340; (617) 565-1343 (TDD)
(617) 565-3809 fac.

Region VI - AR, LA, NM, OK, TX

Office for Civil Rights
U.S. Department of Health & Human Services
1301 Young Street - Suite 1169
Dallas, TX 75202
(214) 767-4056; (214) 767-8940 (TDD)
(214) 767-0432 fac.

Region II - NJ, NY, PR, VI

Office for Civil Rights
U.S. Department of Health & Human Services
26 Federal Plaza - Suite 3312
New York, NY 10278
(212) 264-3313; (212) 264-2355 (TDD)
(212) 264-3039 fac.

Region VII - IA, KS, MO, NE

Office for Civil Rights
U.S. Department of Health & Human Services
601 East 12th Street - Room 248
Kansas City, MO 64106
(816) 426-7278; (816) 426-7065 (TDD)
(816) 426-3686 fac.

Region III - DE, DC, MD, PA, VA, WV

Office for Civil Rights
U.S. Department of Health & Human Services
150 S. Independence Mall West - Suite 372
Philadelphia, PA 19106-3499
(215) 861-4441; (215) 861-4440 (TDD)
(215) 861-4431 fac.

Region VIII - CO, MT, ND, SD, UT, WY

Office for Civil Rights
U.S. Department of Health & Human Services
1961 Stout Street - Room 1426
Denver, CO 80294
(303) 844-2024; (303) 844-3439 (TDD)
(303) 844-2025 fac.

Region IV - AL, FL, GA, KY, MS, NC, SC, TN

Office for Civil Rights
U.S. Department of Health & Human Services
61 Forsyth Street, SW. - Suite 3B70
Atlanta, GA 30323
(404) 562-7858; (404) 562-7884 (TDD)
(404) 562-7881 fac.

Region IX - AZ, CA, HI, NV, AS, GU, The U.S. Affiliated Pacific Island Jurisdictions

Office for Civil Rights
U.S. Department of Health & Human Services
50 United Nations Plaza - Room 322
San Francisco, CA 94103
(415) 437-8310; (415) 437-8311 (TDD)
(415) 437-8329 fac.

Region V - IL, IN, MI, MN, OH, WI

Office for Civil Rights
U.S. Department of Health & Human Services
233 N. Michigan Ave. - Suite 240
Chicago, IL 60601
(312) 886-2359; (312) 353-5693 (TDD)
(312) 886-1807 fac.

Region X - AK, ID, OR, WA

Office for Civil Rights
U.S. Department of Health & Human Services
2201 Sixth Avenue - Suite 900
Seattle, WA 98121
(206) 615-2290; (206) 615-2296 (TDD)
(206) 615-2297 fac.



DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE FOR CIVIL RIGHTS (OCR)

Form Approved OMB No 0990-0269
See OMB Statement on Reverse



CIVIL RIGHTS DISCRIMINATION COMPLAINT

YOUR FIRST NAME		YOUR LAST NAME	
HOME PHONE (Please include area code)		WORK PHONE (Please include area code)	
STREET ADDRESS		CITY	
STATE	ZIP	E-MAIL ADDRESS (If available)	

Are you filing this complaint for someone else? Yes No
 If Yes, whose civil rights do you believe were violated?
 FIRST NAME LAST NAME

I believe that I have been (or someone else has been) discriminated against on the basis of:
 Race / Color / National Origin Age Religion Sex
 Disability Other (specify): _____

Who or what agency or organization do you believe discriminated against you (or someone else)?
 PERSON/AGENCY/ORGANIZATION

STREET ADDRESS		CITY
STATE	ZIP	PHONE (Please include area code)

When do you believe that the civil right discrimination occurred?
 LIST DATE(S)

Describe briefly what happened. How and why do you believe that you have been (or someone else has been) discriminated against? Please be as specific as possible. (Attach additional pages as needed)

Please sign and date this complaint. You do not need to sign if submitting this form by email because submission by email represents your signature.
 SIGNATURE DATE (mm/dd/yyyy)

Filing a complaint with OCR is voluntary. However, without the information requested above, OCR may be unable to proceed with your complaint. We collect this information under authority of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 and other civil rights statutes. We will use the information you provide to determine if we have jurisdiction and, if so, how we will process your complaint. Information submitted on this form is treated confidentially and is protected under the provisions of the Privacy Act of 1974. Names or other identifying information about individuals are disclosed when it is necessary for investigation of possible discrimination, for internal systems operations, or for routine uses, which include disclosure of information outside the Department of Health and Human Services (HHS) for purposes associated with civil rights compliance and as permitted by law. It is illegal for a recipient of Federal financial assistance from HHS to intimidate, threaten, coerce, or discriminate or retaliate against you for filing this complaint or for taking any other action to enforce your rights under Federal civil rights laws. You are not required to use this form. You also may write a letter or submit a complaint electronically with the same information. To submit an electronic complaint, go to OCR's web site at www.hhs.gov/ocr/civilrights/complaints/index.html. To mail a complaint see reverse page for OCR Regional addresses.

The remaining information on this form is optional. Failure to answer these voluntary questions will not affect OCR's decision to process your complaint.

Do you need special accommodations for us to communicate with you about this complaint? (Check all that apply)

- Braille
 Large Print
 Cassette tape
 Computer diskette
 Electronic mail
 TDD
 Sign language interpreter (specify language): _____
 Foreign language interpreter (specify language): _____
 Other: _____

If we cannot reach you directly, is there someone we can contact to help us reach you?

FIRST NAME		LAST NAME	
HOME PHONE (Please include area code)		WORK PHONE (Please include area code)	
STREET ADDRESS			CITY
STATE	ZIP	E-MAIL ADDRESS (if available)	

Have you filed your complaint anywhere else? If so, please provide the following. (Attach additional pages as needed)
 PERSON/AGENCY/ORGANIZATION/ COURT NAME(S)

DATE(S) FILED	CASE NUMBER(S) (if known)
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To help us better serve the public, please provide the following information for the person you believe was discriminated against (you or the person on whose behalf you are filing).

ETHNICITY (select one) RACE (select one or more)
 Hispanic or Latino American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander
 Not Hispanic or Latino Black or African American White Other (specify): _____
 PRIMARY LANGUAGE SPOKEN (if other than English) _____

How did you learn about the Office for Civil Rights?
 HHS Website/Internet Search
 Family/Friend/Associate
 Religious/Community Org
 Lawyer/Legal Org
 Phone Directory
 Employer
 Fed/State/Local Gov
 Healthcare Provider/Health Plan
 Conference/OCR Brochure
 Other (specify): _____

To mail a complaint, please type or print, and return completed complaint to the OCR Regional Address based on the region where the alleged violation took place. If you need assistance completing this form, contact the appropriate region listed below.

Region I - CT, ME, MA, NH, RI, VT Office for Civil Rights, DHHS JFK Federal Building - Room 1875 Boston, MA 02203 (617) 565-1340; (617) 565-1343 (TDD) (617) 565-3809 FAX	Region V - IL, IN, MI, MN, OH, WI Office for Civil Rights, DHHS 233 N. Michigan Ave. - Suite 240 Chicago, IL 60601 (312) 886-2359; (312) 353-5693 (TDD) (312) 886-1807 FAX	Region IX - AZ, CA, HI, NV, AS, GU, The U.S. Affiliated Pacific Island Jurisdictions Office for Civil Rights, DHHS 90 7th Street, Suite 4-100 San Francisco, CA 94103 (415) 437-8310; (415) 437-8311 (TDD) (415) 437-8329 FAX
Region II - NJ, NY, PR, VI Office for Civil Rights, DHHS 26 Federal Plaza - Suite 3313 New York, NY 10278 (212) 264-3313; (212) 264-2355 (TDD) (212) 264-3039 FAX	Region VI - AR, LA, NM, OK, TX Office for Civil Rights, DHHS 1301 Young Street - Suite 1169 Dallas, TX 75202 (214) 767-4056; (214) 767-8940 (TDD) (214) 767-0432 FAX	
Region III - DE, DC, MD, PA, VA, WV Office for Civil Rights, DHHS 150 S Independence Mall West - Suite 372 Philadelphia, PA 19106-3499 (215) 861-4441; (215) 861-4440 (TDD) (215) 861-4431 FAX	Region VII - IA, KS, MO, NE Office for Civil Rights, DHHS 601 East 12th Street - Room 248 Kansas City, MO 64106 (816) 426-7277; (816) 426-7065 (TDD) (816) 426-3686 FAX	
Region IV - AL, FL, GA, KY, MS, NC, SC, TN Office for Civil Rights, DHHS 61 Forsyth Street SW - Suite 3870 Atlanta, GA 30303-8909 (404) 562-7886; (404) 331-2867 (TDD) (404) 562-7881 FAX	Region VIII - CO, MT, ND, SD, UT, WY Office for Civil Rights, DHHS 1961 Stout Street - Room 1426 Denver, CO 80294 (303) 844-2024; (303) 844-3439 (TDD) (303) 844-2025 FAX	Region X - AK, ID, OR, WA Office for Civil Rights, DHHS 2201 Sixth Avenue - Mail Stop RX 11 Seattle, WA 98121 (206) 615-2290; (206) 615-2296 (TDD) (206) 615-2297 FAX

Burden Statement

Public reporting burden for the collection of information on this complaint form is estimated to average 45 minutes per response including the time for reviewing instructions, gathering the data needed and entering and reviewing the information on the completed complaint form. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: HHS/OIG Reports Clearance Officer, Office of Information Resources Management, 200 Independence Ave. S.W., Room 5311, Washington, D.C. 20201. Please do not mail complaint form to this address.



COMPLAINANT CONSENT FORM

The Department of Health and Human Services' (HHS) Office for Civil Rights (OCR) has the authority to collect and receive material and information about you, including personnel and medical records, which are relevant to its investigation of your complaint.

To investigate your complaint, OCR may need to reveal your identity or identifying information about you to persons at the entity or agency under investigation or to other persons, agencies, or entities.

The Privacy Act of 1974 protects certain federal records that contain personally identifiable information about you and, with your consent, allows OCR to use your name or other personal information, if necessary, to investigate your complaint.

Consent is voluntary, and it is not always needed in order to investigate your complaint; however, failure to give consent is likely to impede the investigation of your complaint and may result in the closure of your case.

Additionally, OCR may disclose information, including medical records and other personal information, which it has gathered during the course of its investigation in order to comply with a request under the Freedom of Information Act (FOIA) and may refer your complaint to another appropriate agency.

Under FOIA, OCR may be required to release information regarding the investigation of your complaint; however, we will make every effort, as permitted by law, to protect information that identifies individuals or that, if released, could constitute a clearly unwarranted invasion of personal privacy.

Please read and review the documents entitled, *Notice to Complainants and Other Individuals Asked to Supply Information to the Office for Civil Rights* and *Protecting Personal Information in Complaint Investigations* for further information regarding how OCR may obtain, use, and disclose your information while investigating your complaint.

In order to expedite the investigation of your complaint if it is accepted by OCR, please read, sign, and return one copy of this consent form to OCR with your complaint. Please make one copy for your records.

- As a complainant, I understand that in the course of the investigation of my complaint it may become necessary for OCR to reveal my identity or identifying information about me to persons at the entity or agency under investigation or to other persons, agencies, or entities.



- I am also aware of the obligations of OCR to honor requests under the Freedom of Information Act (FOIA). I understand that it may be necessary for OCR to disclose information, including personally identifying information, which it has gathered as part of its investigation of my complaint.
- In addition, I understand that as a complainant I am covered by the Department of Health and Human Services' (HHS) regulations which protect any individual from being intimidated, threatened, coerced, retaliated against, or discriminated against because he/she has made a complaint, testified, assisted, or participated in any manner in any mediation, investigation, hearing, proceeding, or other part of HHS' investigation, conciliation, or enforcement process.

After reading the above information, please check ONLY ONE of the following boxes:

CONSENT: I have read, understand, and agree to the above and give permission to OCR to reveal my identity or identifying information about me in my case file to persons at the entity or agency under investigation or to other relevant persons, agencies, or entities during any part of HHS' investigation, conciliation, or enforcement process.

CONSENT DENIED: I have read and I understand the above and do not give permission to OCR to reveal my identity or identifying information about me. I understand that this denial of consent is likely to impede the investigation of my complaint and may result in closure of the investigation.

Signature: _____ Date: _____
*Please sign and date this complaint. You do not need to sign if submitting this form by email because submission by email represents your signature

Name (Please print): _____

Address: _____

Telephone Number: _____



NOTICE TO COMPLAINANTS AND OTHER INDIVIDUALS ASKED TO SUPPLY INFORMATION TO THE OFFICE FOR CIVIL RIGHTS

Privacy Act

The Privacy Act of 1974 (5 U.S.C. §552a) requires OCR to notify individuals whom it asks to supply information that:

— OCR is authorized to solicit information under:

- (i) Federal laws barring discrimination by recipients of Federal financial assistance on grounds of race, color, national origin, disability, age, sex, religion under programs and activities receiving Federal financial assistance from the U.S. Department of Health and Human Services (HHS), including, but not limited to, Title VI of the Civil Rights Act of 1964 (42 U.S.C. §2000d et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. §794), the Age Discrimination Act of 1975 (42 U.S.C. §6101 et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. §1681 et seq.), and Sections 794 and 855 of the Public Health Service Act (42 U.S.C. §§295m and 296g);
- (ii) Titles VI and XVI of the Public Health Service Act (42 U.S.C. §§291 et seq. and 300s et seq.) and 42 C.F.R. Part 124, Subpart G (Community Service obligations of Hill-Burton facilities);
- (iii) 45 C.F.R. Part 85, as it implements Section 504 of the Rehabilitation Act in programs conducted by HHS; and
- (iv) Title II of the Americans with Disabilities Act (42 U.S.C. §12131 et seq.) and Department of Justice regulations at 28 C.F.R. Part 35, which give HHS "designated agency" authority to investigate and resolve disability discrimination complaints against certain public entities, defined as health and service agencies of state and local governments, regardless of whether they receive federal financial assistance.
- (v) The Standards for the Privacy of Individually Identifiable Health Information (The Privacy Rule) at 45 C.F.R. Part 160 and Subparts A and E of Part 164, which enforce the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (42 U.S.C. §1320d-2).

OCR will request information for the purpose of determining and securing compliance with the Federal laws listed above. Disclosure of this requested information to OCR by individuals who are not recipients of federal financial assistance is voluntary; however, even individuals who voluntarily disclose information are subject to prosecution and penalties under 18 U.S.C. § 1001 for making false statements.

Additionally, although disclosure is voluntary for individuals who are not recipients of federal financial assistance, failure to provide OCR with requested information may preclude OCR from making a compliance determination or enforcing the laws above.



OCR has the authority to disclose personal information collected during an investigation without the individual's consent for the following routine uses:

- (i) to make disclosures to OCR contractors who are required to maintain Privacy Act safeguards with respect to such records;
- (ii) for disclosure to a congressional office from the record of an individual in response to an inquiry made at the request of the individual;
- (iii) to make disclosures to the Department of Justice to permit effective defense of litigation; and
- (iv) to make disclosures to the appropriate agency in the event that records maintained by OCR to carry out its functions indicate a violation or potential violation of law.

Under 5 U.S.C. §552a(k)(2) and the HHS Privacy Act regulations at 45 C.F.R. §5b.11 OCR complaint records have been exempted as investigatory material compiled for law enforcement purposes from certain Privacy Act access, amendment, correction and notification requirements.

Freedom of Information Act

A complainant, the recipient or any member of the public may request release of OCR records under the Freedom of Information Act (5 U.S.C. §552) (FOIA) and HHS regulations at 45 C.F.R. Part 5.

Fraud and False Statements

Federal law, at 18 U.S.C. §1001, authorizes prosecution and penalties of fine or imprisonment for conviction of "whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry".



PROTECTING PERSONAL INFORMATION IN COMPLAINT INVESTIGATIONS

To investigate your complaint, the Department of Health and Human Services' (HHS) Office for Civil Rights (OCR) will collect information from different sources. Depending on the type of complaint, we may need to get copies of your medical records, or other information that is personal to you. This Fact Sheet explains how OCR protects your personal information that is part of your case file.

HOW DOES OCR PROTECT MY PERSONAL INFORMATION?

OCR is required by law to protect your personal information. The Privacy Act of 1974 protects Federal records about an individual containing personally identifiable information, including, but not limited to, the individual's medical history, education, financial transactions, and criminal or employment history that contains an individual's name or other identifying information.

Because of the Privacy Act, OCR will use your name or other personal information with a signed consent and only when it is necessary to complete the investigation of your complaint or to enforce civil rights laws or when it is otherwise permitted by law.

Consent is voluntary, and it is not always needed in order to investigate your complaint; however, failure to give consent is likely to impede the investigation of your complaint and may result in the closure of your case.

CAN I SEE MY OCR FILE?

Under the Freedom of Information Act (FOIA), you can request a copy of your case file once your case has been closed; however, OCR can withhold information from you in order to protect the identities of witnesses and other sources of information.

CAN OCR GIVE MY FILE TO ANY ONE ELSE?

If a complaint indicates a violation or a potential violation of law, OCR can refer the complaint to another appropriate agency without your permission.

If you file a complaint with OCR, and we decide we cannot help you, we may refer your complaint to another agency such as the Department of Justice.

CAN ANYONE ELSE SEE THE INFORMATION IN MY FILE?

Access to OCR's files and records is controlled by the Freedom of Information Act (FOIA). Under FOIA, OCR may be required to release information about this case upon public request. In the event that OCR receives such a request, we will make every effort.



as permitted by law, to protect information that identifies individuals, or that, if released, could constitute a clearly unwarranted invasion of personal privacy.

If OCR receives protected health information about you in connection with a HIPAA Privacy Rule investigation or compliance review, we will only share this information with individuals outside of HHS if necessary for our compliance efforts or if we are required to do so by another law.

DOES IT COST ANYTHING FOR ME (OR SOMEONE ELSE) TO OBTAIN A COPY OF MY FILE?

In most cases, the first two hours spent searching for document(s) you request under the Freedom of Information Act and the first 100 pages are free. Additional search time or copying time may result in a cost for which you will be responsible. If you wish to limit the search time and number of pages to a maximum of two hours and 100 pages; please specify this in your request. You may also set a specific cost limit, for example, cost not to exceed \$100.00.

If you have any questions about this complaint and consent package,
Please contact OCR at <http://www.hhs.gov/ocr/office/about/contactus/index.html>

OR

Contact your OCR Regional Office
(see Regional Office contact information on page 2 of the Complaint Form)



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KNOW YOUR CIVIL RIGHTS!

THE OFFICE FOR CIVIL RIGHTS

The Office for Civil Rights (OCR) of the U. S. Department of Health and Human Services (DHHS) enforces Federal laws that prohibit discrimination by health care and human service providers that receive funds from the DHHS. Such laws include Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975, and the Community Service Assurance provisions of the Hill-Burton Act.

Discrimination Is Against the Law!

This Fact Sheet explains your rights to receive services and benefits in programs and activities funded by the DHHS. There are Federal civil rights laws that prohibit discrimination in such programs and activities based on:

Race
Disability

Color
Age
Religion

National Origin
Sex

Some of the institutions, programs and service providers that may receive funds from the DHHS are:

- Hospitals
- Medicaid and Medicare
- Physicians and other health care professionals in private practice with patients assisted by Medicaid
- Family Health Centers
- Community Mental Health Centers
- Alcohol and Drug Treatment Centers
- Nursing Homes
- State agencies that are responsible for administering health care
- Foster Care Homes
- Day Care Centers
- Senior Citizen Centers
- Nutrition Programs
- State and local income assistance and human service agencies

HOW TO FILE A COMPLAINT OF DISCRIMINATION WITH OCR

If you believe that you have been discriminated against because of your race, color, national origin, disability, age, and in some cases sex or religion, by an entity (recipient) receiving financial assistance from the DHHS, you or your representative may file a complaint with OCR. Complaints must be filed within 180 days from the date of the

alleged discriminatory act. OCR may extend the 180-day deadline if you can show “good cause.” Include the following information in your written complaint, or request a Discrimination Complaint Form from OCR:

- **Your name, address and telephone number.** You must sign your name. If you file a complaint on someone's behalf, include your name, address, telephone number, and statement of your relationship to that person--e.g., spouse, attorney, friend, etc.
- **Name and address of the institution or agency you believe discriminated against you.**
- **How, why and when you believe you were discriminated against.**
- **Any other relevant information.**

Send the complaint to the Regional Manager at the appropriate OCR Regional Office or to OCR Headquarters at the following address:

**Director
Office for Civil Rights
U. S. Department of Health and Human Services
200 Independence Avenue, SW - Room 506-F
Washington, D.C. 20201**

**Telephone : (202) 619-0403
E-Mail : ocr@os.dhhs.gov
Website : [http:// www.hhs.gov/ocr/](http://www.hhs.gov/ocr/)**

For information on the addresses and telephone numbers of OCR's Regional Offices, or to obtain information of a civil rights nature, please call the following toll-free OCR hotline numbers. OCR employees will make every effort to provide prompt service.

**Voice : 1-800-368-1019
TDD : 1-800-537-7697**



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YOUR RIGHTS UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

What Is Title VI?

Title VI of the Civil Rights Act of 1964 is a national law that protects persons from discrimination based on their race, color, or national origin in programs and activities that receive Federal financial assistance. If you are eligible for Medicaid, other health care, or human services, you cannot be denied assistance because of your race, color, or national origin. The Office for Civil Rights (OCR) in the U. S. Department of Health and Human Services (DHHS) enforces Title VI as well as other civil rights laws.

Some of the institutions or programs that may be covered by Title VI are:

- ✓ Extended care facilities
- ✓ Public assistance programs
- ✓ Nursing homes
- ✓ Adoption agencies
- ✓ Hospitals
- ✓ Day care centers
- ✓ Mental health centers
- ✓ Senior citizen centers
- ✓ Medicaid and Medicare
- ✓ Family health centers and clinics
- ✓ Alcohol and drug treatment centers

Prohibited Discriminatory Acts

There are many forms of illegal discrimination based on race, color, or national origin that frequently limit the opportunities of minorities to gain equal access to services. A recipient of Federal financial assistance may not, based on race, color, or national origin:

- X Deny services, financial aid or other benefits provided as a part of health or human service programs.
- X Provide a different service, financial aid or other benefit, or provide them in a different manner from those provided to others under the program.
- X Segregate or separately treat individuals in any matter related to the receipt of any service, financial aid or other benefit...

More common discriminatory practices are identified in the DHHS Title VI regulation found at 45 CFR Part 80. For information on how to file a complaint of discrimination, or to obtain information of a civil rights nature, please contact us. OCR employees will make every effort to provide prompt service.

Hotlines: 1-800-368-1019 (Voice)
E-Mail: ocr@os.dhhs.gov

1-800-537-7697 (TDD)
Website: <http://www.hhs.gov/ocr/>



OFFICE FOR CIVIL RIGHTS

Free language assistance services are provided by OCR to conduct OCR related matters only.

English	If you speak a non-English language, call 1-800-368-1019 (TTY: 1-800-537-7697), and you will be connected to an interpreter who will assist you with this document at no cost.
Español - Spanish	Si usted habla español marque 1-800-368-1019 (o a la línea de teléfono por texto TTY 1-800-537-7697) y su llamada será conectada con un intérprete que le asistirá con este documento sin costo alguno.
中文 - Chinese	如果你讲中文，请拨打1-800-368-1019（打字电话：1-800-537-7697），你将被连接到一位讲同语种的翻译员为你提供免费服务。
Tiếng Việt - Vietnamese	Nếu bạn nói tiếng Việt, xin gọi 1-800-368-1019 (TTY: 1-800-537-7697), và bạn sẽ được kết nối với một thông dịch viên, người này sẽ hỗ trợ bạn với tài liệu này miễn phí.
한국어 - Korean	한국어를 하시면 1-800-368-1019 (청각 장애용: 1-800-537-7697) 로 연락주세요. 통역관과 연결해서 당신의 서류를 무료로 도와 드리겠습니다.
Tagalog (Filipino)	Kung ikaw ay nagsasalita nang Tagalog, tumawag sa 1-800-368-1019 (TTY: 1-800-537-7697) para makonek sa tagapagsalin na tutulong sa iyo sa dokumentong ito na walang bayad.
Русский - Russian	Если вы говорите по-русски, наберите 1-800-368-1019. Для клиентов с ограниченными слуховыми и речевыми возможностями: 1-800-537-7697), и вас соединят с русскоговорящим переводчиком, который вам поможет с этим документом безвозмездно.

GET TO KNOW US

The Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS) protects your rights against discrimination and ensures that your health information is private, secure, and accessible.

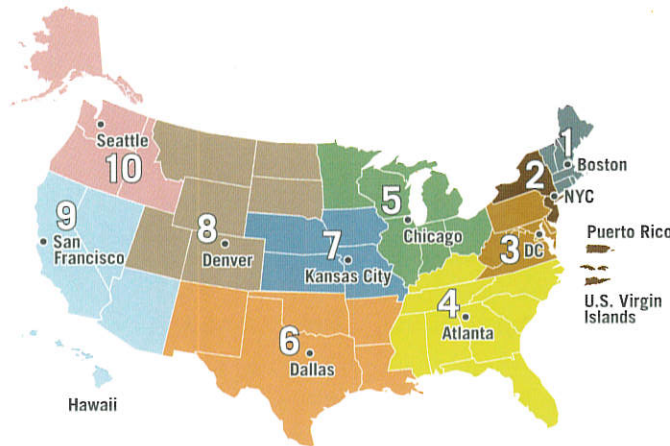
OCR is responsible for enforcing civil rights laws that apply to health care and human service providers which receive money or other assistance from HHS. These laws prohibit discrimination on the basis of race, color, national origin, disability, or age. Some laws may also protect you against discrimination based on gender or religion. OCR also enforces laws which safeguard the privacy and security of your health information. These laws give you rights over your health information, including the right to get a copy of your information, have corrections made to your health information to ensure accuracy, and get a report on when and why your health information was shared for certain purposes.

More detailed information about the laws prohibiting discrimination and safeguarding your health information can be found on our website: www.hhs.gov/ocr.

OUR OFFICES

OCR has 10 regional offices around the country, and each regional office covers specific states and territories. You can reach your regional office by contacting OCR toll-free at **1-800-368-1019**.

REGIONAL OFFICES



HEADQUARTERS

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Room 515F HHH Building
Washington, DC 20201

TO LEARN MORE

Call us toll-free at: **1-800-368-1019**
TDD: **1-800-537-7697**
Email us: OCRmail@hhs.gov

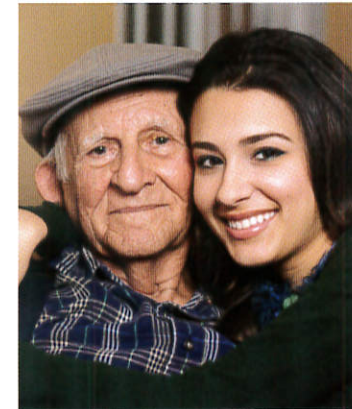
We provide language assistance for OCR matters. Services are accessible to persons with disabilities.

www.hhs.gov/ocr



OFFICE
FOR
CIVIL
RIGHTS

SAFEGUARDING
CIVIL RIGHTS AND HEALTH
INFORMATION PRIVACY



WHO WE SUPPORT

People

OCR protects the rights of people seeking health and human services by enforcing a number of civil rights and health information privacy laws.

Providers of Services

Through technical assistance, outreach, and enforcement programs, OCR works with entities to ensure that they comply with the law and clearly understand the legal requirements under the law.

HOW WE WORK

Complaints and Investigations

If you believe that an entity has violated your (or someone else's) health information privacy rights or has discriminated against you, you may file a complaint with OCR. We look into civil rights and privacy complaints to find out if there is discrimination or a violation of privacy rights and require action to correct problems.

Outreach and Education

OCR helps health and human service organizations understand the civil rights and privacy laws that they must follow. We also educate communities about civil rights and privacy rights.



HOW WE HELP

We can help you understand your civil rights and privacy rights. We are here to help if you believe you or someone else has been discriminated against. We will investigate your complaint and require action to correct the problems.

Did You Know...

- Access to your medical records is one of your rights?
- You have the right to give your permission before your health information can be used or shared for certain purposes, such as for marketing?
- If you are deaf, hard of hearing or you have trouble speaking and/or understanding English, assistance in communicating is oftentimes required – free of charge?
- It is unlawful to discriminate against persons on the bases of race, color, national origin, disability, age, sex, and in some cases religion?
- Millions of pharmacies, health insurance companies, hospitals, health clinics and nursing homes must follow the Federal privacy rules?

Get informed. Learn more about non-discrimination and health information privacy.



WHO MUST FOLLOW THE LAW

Providers and health care organizations that must follow civil rights and health information privacy laws may include:

- Doctors' offices and pharmacies
- Medicaid and Medicare agencies
- Hospitals, health clinics, and nursing homes

In addition to the entities noted above, these programs may also have to comply with civil rights laws:

- Day care centers and children's health programs
- Temporary Assistance for Needy Families (TANF programs)

HOW TO REACH US

You can call OCR toll-free at **1-800-368-1019** and obtain instructions on how to file a complaint on the OCR website and get information on how to contact your regional office.

