

Arise Orthotics & Prosthetics, Inc. Nondiscrimination Notice

8338 Highway 65 NE, Suite E, Spring Lake Park, MN 55432 / (763) 755-9500 / www.arise-op.com

- Arise O&P does not discriminate on the basis of race, color, national origin, sex, age, or disability
- Arise O&P provides appropriate accommodations for people with disabilities in a timely manner and free of charge, when they are needed to perform services. Appropriate accommodations include assistive devices and services, interpreters and information in alternate formats
- Arise O&P provides timely language assistance services for people with limited English proficiency (LEP) free of charge, when they are needed to perform services. Language assistance services include translated documents and oral language interpretation
- Please ask how you can obtain accommodations or language assistance services

For language or communication help please ask the front desk administrator to assist you and he/she will communicate with the office manager or business administrator. If you have questions about our non-discrimination policy, please contact Teri Kuffel, Vice President of Arise O&P, at 763-755-9500 for information to file a complaint about any of the items covered in the nondiscrimination notice.

To file a grievance:

If you believe that we have not provided these services or have discriminated against you because of your race, color, national origin, age, disability or sex, you can file a grievance by contacting Teri Kuffel, Vice President of Arise Orthotics & Prosthetics at 763-755-9500.

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 ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
Room 509F, HHH Building
200 Independence Avenue SW
Washington, DC 20201
1-800-368-1019 / 1-800-537-7697 (TDD)

If you want free help translating this information, call the number included in this document

Si desea asistencia gratuita para traducir esta información, llame al número que figura en este documento o en la parte posterior de su tarjeta de identificación

Yog koj xav tau kev pab dawb kom i nrais daim ntwav no, hu raus xov tooj nyob hauv daim ntwav no los yog nyob nraum qab ntwam koj daim npav

如果您需要免費翻譯此資訊，請致電本文檔中或者在您的ID卡背面包含的號碼。

Nếu quý vị muốn trợ giúp dịch thông tin này miễn phí, hãy gọi vào số có trong tài liệu này hoặc ở mặt sau thẻ ID

Odeeffannoo kana gargaarsa tolaan akkasi isinii hiikamu yoo barbaaddan, lakkoobsa barruu kana keessatti argamu ykn ka dugda kaardii Waraqaqa Eenyummaa

اذا كنت تريد مساعدة مجانية في ترجمة هذه المعلومات، فاتصل على الرقم الوارد في هذه الوثيقة أو على ظهر بطاقة تعريف مديك الخاصة بك.

Если Вы хотите получить бесплатную помощь в переводе этой информации, позвоните по номеру телефона, указанному в данном документе и на обратной стороне Вашей идентификационной карты

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການແປຂໍ້ມູນນີ້ໃຫ້ໄທທາເລກໝາຍທີ່ມີຢູ່ໃນເອກະສານນີ້ ຫຼື ຢູ່ດ້ານຫຼັງຂອງບັດ

이 정보를 번역하는 데 무료로 도움을 받고 싶으시면, 이 문서에 포함된 전화번호나 Medica ID 카드 뒷면의 전화번호로 전화하십시오.

Si vous voulez une assistance gratuite pour traduire ces informations, appelez le numéro indiqué dans ce document ou au dos de votre carte d'identification

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການແປຂໍ້ມູນນີ້ໃຫ້ໄທທາເລກໝາຍທີ່ມີຢູ່ໃນເອກະສານນີ້ ຫຼື ຢູ່ດ້ານຫຼັງຂອງບັດ

Kung nais mo ng libreng tulong sa pagsasalín ng impormasyong ito, tawagan ang numero na kasama sa dokumentong ito o sa likod ng iyong Kard ng

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Ako želite besplatnu pomoć za prijevod ovih informacija, nazovite broj naveden u ovom dokumentu ili na poleđini svoje ID kartice

Din i aa jik' e shá ata' hodoonih ninizingo éi ninaaltsoos Medica bee néiho' dilzinigi bine' dée' námboo bika' ig'iji' béesh bee hoditlinh.

Wenn Sie bei der Übersetzung dieser Informationen kostenlose Hilfe in Anspruch nehmen möchten, rufen Sie bitte die in diesem Dokument oder auf der Rückseite Ihrer Karte angegebene Nummer an.