

Notice for Patients with Disabilities

This notice provides a summary for auxiliary aids and services for persons with disabilities.

ADA Compliance Contacts

**Bossier Family Medicine ADA / Section 504
Coordinator:**

Sandy Spears

Bossier Family Medicine Administrator:

Matt Wheeler

Telephone number: 318-747-8100

State Relay number: dial 711

Mailing Address:

**Bossier Family Medicine
ADA / Section 504 Coordinator
2539 Viking Dr. Suite 101
Bossier City, LA 71111**



**Your Information.
Your Rights.
Our Responsibilities.**

 **Bossier Family Medicine**

Summary for Auxiliary Aids and Services for Persons with Disabilities.

We will take appropriate steps to assist persons with disabilities, including persons who are deaf, hard of hearing, or blind, or who have other sensory or manual impairments, have an equal opportunity to participate in our services, activities, programs and other benefits.

In addition to maintaining an accessible facility, the procedures outlined below are intended to promote effective communication and with patients/clients involving their medical conditions, treatment, services and benefits. The procedures also apply other types of communication of vital information contained in important documents including; waivers of rights, consent to treatment forms, financial and insurance benefits forms and registration forms.

All necessary auxiliary aids and services shall be provided without cost to the person being served.

All of our medical services, programs and activities are accessible to and useable by disabled persons, including persons who are deaf, hard of hearing, blind, or who have other sensory impairments.

Access Features

- ◆ **Convenient off-street parking designated specifically for disabled persons.**
- ◆ **Handicapped access from designated parking and entrance.**
- ◆ **Accessible bathrooms, public waiting area, patient treatment areas, including examining rooms and patient areas.**
- ◆ **Assistive and communication aids provided to persons who are deaf, hard of hearing, blind, or with other sensory impairments.**
- ◆ **Braille signage on all access points and doors.**

Assistive and Communication Aids

Assistive and communication aids provided to persons who are deaf, hard of hearing, or blind, or with other sensory impairments. **There is no additional charge for such aids.** Some of these aids may include:

- ◆ **Qualified sign language interpreters for persons who are deaf or hard of hearing.**
- ◆ **Participation in the Louisiana Relay Program.**
- ◆ **Staff assistance for the visually impaired.**
- ◆ **Other communication tools as needed.**
- ◆ **Assistance for persons with impaired manual skills.**

If you require any of these aids, please let the receptionist or your nurse know.

Antidiscrimination Notice

As a recipient of federal financial assistance in the form of Medicare and Medicaid, we shall not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, gender, religion, color, national origin, disability, age or any unlawful reason in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by us directly or through a contractor or any other entity with which we arrange to carry out our medical services, programs and activities.

Grievance / Complaint Procedure

We have adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by the ADA. Any person who believes she or he has been subjected to discrimination on the basis of disability may file a grievance under this procedure. We will not retaliate against anyone who files a grievance or cooperates in the investigation of a grievance.

Grievance / Complaint Procedure Continued.

Matters involving a patient's or companion's denial of effective accommodation may be submitted immediately to our ADA/Section 504 Coordinator by calling 318-747-8100. We will work to resolve these matters quickly and effectively. If the patient or companion believes the matter to not be resolved, a formal written grievance may be filed.

Formal written grievances must be submitted to us within 90 days of the date the person filing the grievance becomes aware of the alleged discriminatory action.

A formal grievance must contain the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.

Our ADA/Section 504 Coordinator (or her designee) shall conduct an investigation of the complaint. This investigation may be informal, but it must be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. Our ADA/Section 504 Coordinator will maintain the files and records relating to such grievances.

Our ADA/Section 504 Coordinator will issue a written decision on the grievance no later than 30 days after its filing. If a written decision cannot be issued within 30 days, an explanation of the delay with an expected resolution will be mailed to the address on the grievance.

The person filing the grievance may appeal the decision of our ADA/Section 504 Coordinator by writing to our Administrator within 15 days of receiving the decision. Our Administrator shall issue a written decision in response to the appeal no later than 30 days after its filing.

The availability and use of this grievance procedure does not prevent a person from filing a complaint with the U. S. Department of Health and Human Services, Office for Civil Rights.