

## NOTICE INFORMING INDIVIDUALS ABOUT NONDISCRIMINATION AND ACCESSIBILITY REQUIREMENTS

Eye Care Center of Lake County, Ltd. complies with all applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Eye Care Center of Lake County, Ltd. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Eye Care Center of Lake County, Ltd.:

- 1) Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - o Qualified sign language interpreters
  - o Written information in other formats (large print, audio, accessible electronic formats, other formats)
- 2) Provides free language services to people whose primary language is not English, such as:
  - o Qualified interpreters
  - o Information written in other languages
- 3) If you need these services, contact [Elizabeth LeClair, Practice Administrator-Civil Rights Coordinator]

If you believe that Eye Care Center of Lake County, Ltd. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with [Elizabeth LeClair, Practice Administrator-Civil Rights Coordinator], 310 S. Greenleaf Street, Suite 209, Gurnee, IL 60031, telephone (847) 244-1657, fax (847) 244-5122, patient portal. You can file a grievance in person or by mail, fax, or patient portal. If you need help filing a grievance, [Elizabeth LeClair, Practice Administrator-Civil Rights Coordinator] is available to assist you.

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 <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

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

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

### LIMITED ENGLISH PROFICIENCY OF LANGUAGE ASSISTANCE SERVICES

- 1) **Español (Spanish) ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-847-244-1657
- 2) **Polski (Polish) UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-847-244-1657.
- 3) **繁體中文 (Chinese) 注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-847-244-1657
- 4) **한국어 (Korean) 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-847-244-1657. 번으로 전화해 주십시오.
- 5) **Tagalog (Tagalog – Filipino) PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-847-244-1657.
- 6) **العربية (Arabic) حوطة:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-847-244-1657 (رقم)
- 7) **Русский (Russian) ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-847-244-1657.
- 8) **ગુજરાતી (Gujarati) સુચના:** જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-847-244-1657.
- 9) **اردو (Urdu) ردار:** اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال 1-847-244-1657 کریں
- 10) **Tiếng Việt (Vietnamese) CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1847-244-1657.
- 11) **Italiano (Italian) ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-847-244-1657.
- 12) **हिंदी (Hindi) ध्यान दें:** यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-847-244-1657.
- 13) **Français (French) ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-847-244-1657.
- 14) **λληνικά (Greek) ΠΡΟΣΟΧΗ:** Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-847-244-1657
- 15) **Deutsch (German) ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1847-244-1657.