



NONDISCRIMINATORY / CIVIL RIGHTS COMPLIANCE POLICY

Informing Individuals of Language Assistance Services

Language Assistance

Retina Vitreous Associates complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Retina Vitreous Associates provides free aids and services to people with disabilities or with limited English proficiency to assist in communicating effectively with us. These services include:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, or other formats)
- Qualified interpreters
- Information written in other languages

These services are made available by contacting the office administrator in Indiana at (219) 769-9022 or in Illinois at (708) 424-8855.

If you believe that Retina Vitreous Associates 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 in person, by mail, by fax, or over the phone:

Illinois Office

4930 West 95th Street
Oak Lawn, IL 60453
Ph (708) 424-8855
Fax (708) 424-6954

Indiana Office

8679 Connecticut Street, Suite A
Merrillville, IN 46410
Ph (219) 769-9022
Fax (219) 769-1918

If you need help filing a grievance, the office administrator is available to help 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/smartscreen/main.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. 2021
1-800-368-1019
(TDD 1-800-537-7697)

Complaint forms are available at <http://www.hhs.gov/ocr/filing-with-ocr/index.html>

Informing Individuals with Limited English Proficiency of Language Assistance Services

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-708- 9022-769-219-1 or 1-708-424-8855 (رقم هاتف الصم والبكم: 1-800-537-7697).

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 1-219-769-9022 or 1-708-424-8855 (TTY : 1-800-537-7697)。

English

ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you.
Call 1-219-769-9022 or 1-708-424-8855 (TTY: 1-800-537-7697).

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.
Appelez le 1-219-769-9022 or 1-708-424-8855 (ATS : 1-800-537-7697).

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-219-769-9022 or 1-708-424-8855 (TTY: 1-800-537-7697).

Greek

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-219-769-9022 or 1-708-424-8855 (TTY: 1-800-537-7697).

Gujarati

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-219-769-9022 or 1-708-424-8855 (TTY: 1-800-537-7697).

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-219-769-9022 or 1-708-424-8855 (TTY: 1-800-537-7697) पर कॉल करें।

Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-219-769-9022 or 1-708-424-8855 (TTY: 1-800-537-7697).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-219-769-9022 or 1-708-424-8855 (TTY: 1-800-537-7697) 번으로 전화해 주십시오.

Polish

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-219-769-9022 or 1-708-424-8855 (TTY: 1-800-537-7697).

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

Звоните 1-219-769-9022 or 1-708-424-8855 (телетайп: 1-800-537-7697).

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-219-769-9022 or 1-708-424-8855 (TTY: 1-800-537-7697).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-219-769-9022 or 1-708-424-8855 (TTY: 1-800-537-7697).

Urdu

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ - کال کریں 1-219-769-9022 or 1-708-424-8855 (TTY: 1-800-537-7697).

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-219-769-9022 or 1-708-424-8855 (TTY: 1-800-537-7697).

Section 1557 of the Affordable Care Act Grievance Procedure

It is the policy of Retina Vitreous Associates not to discriminate on the basis of race, color, national origin, sex, age or disability. Retina Vitreous Associates has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for the Practice to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

Submission of Grievance

Grievances must be submitted to the Section 1557 Coordinator within (60 days) of the date the person filing the grievance becomes aware of the alleged discriminatory action.

A complaint must be in writing, containing 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.

Investigation

The Section 1557 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 1557 Coordinator will maintain the files and records of the Practice relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.

The Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.

Appeal

The person filing the grievance may appeal the decision of the Section 1557 Coordinator by writing to the (Chief Executive Officer) within 15 days of receiving the Section 1557 Coordinator's decision. The (Chief Executive Officer) 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 pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is 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, DC 20201
(800) 368-1019

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination.

Accommodations in the Grievance Process

Retina Vitreous Associates will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.