

NONDISCRIMINATION NOTICE

Section 1557 is the nondiscrimination provision of the Affordable Care Act and prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs or activities.

The Health Provider complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Health Provider does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Health Provider:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact our Compliance Officer / Civil Rights Coordinator.

To obtain more information about your Federal civil rights, or if you believe that this office 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 by contacting the Practice’s Compliance Officer as follows:

Name: Melanie Andrews
Address: 16954 Toledo Blade Blvd. Port Charlotte, FL 33954
Phone: 941-629-6700
Email: drlkorman@aol.com

Our office encourages your feedback, and your care will not be affected if you file a complaint nor will any action be taken against you.

You can 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)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

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

مل#حوط#ة: إذا كنت تت#حدث اذكر ال#غ#ة، ف#إن خدم#ات امل##س#اعدة ال#غوي#ة تتوافر لك بامل#جان

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

주의: 한국어를 사용하시는 경우, 언 어 지원 서비스를 무료로 이용하실 수 있습니다.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.

luynal: જો તમે +uજરાતી બોલતા છે, તો i-n:2u3ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલ>ધ છે.

เรี น: ถ้พู ภาษาไทยคื สามารถใช้ั ารชั ยเหลื ทางภาษาได้ รื