

# Discrimination is Against the Law



Kootenai Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a) 2)). Kootenai Health does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Kootenai Health:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services 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 assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Manager of Translation Services at 208-625-4000.

If you believe that Kootenai Health 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 the manager of Patient Advocacy by mail at 2003 Kootenai Health Way, by phone at 208-625-4298, by fax at 208-625-6893, or by email at [comments@kh.org](mailto:comments@kh.org). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Patient Advocates or manager of Patient Advocacy are 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/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>.

This notice is available at Kootenai Health's website: [kh.org](http://kh.org)

# Notice of Availability of Language Assistance Services and Auxiliary Aids and Services (§ 92.11)



**ATTENTION:** Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-208-625-4000 or speak to your provider.

## 中文 Chinese

注意:如果您說[中文],我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務,以無障礙格式提供資訊。請致電 1-208-625-4000

## Español Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-208-625-4000

## Français French

ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-208-625-4000

## Deutsch German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-208-625-4000

## РУССКИЙ Russian Persian

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-208-625-4000

## Srpsko-hrvatski (Serbo-Croatian)

OBAVJEŠTENJE: Ako govorite [srpsko-hrvatski], dostupne su vam besplatne jezičke usluge. Besplatna su i odgovarajuća pomoćna pomagala i usluge za pružanje informacija u pristupačnim formatima. Nazovite 1-208-625-4000

## پښتو Persian

سرتسد رد ناگیار نابز کمک تامدخ, دینک یم تبحص [پښتو] رگا: هجوت لباقی ایه بلق رد تاعالطا هئارا یارب بسانم یکمک و یکمک تامدخ. تسامش دیریگ بسامت. دن تسه سرتسد رد ناگیار تروص هب زین سرتسد 1-208-625-4000

## 日本語 Japanese

注:日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-208-625-4000

# Notice of Availability of Language Assistance Services and Auxiliary Aids and Services (§ 92.11)



## 한국어 Korean

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이 용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다.  
1-208-625-4000

## ไทย Thai

หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมี เครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-208-625-4000

## ລາວ Laos

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ  
1-208-625-4000

## Việt Vietnamese

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-208-625-4000

## Tagalog Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa  
1-208-625-4000

## Arabic العربية

تادعاسم الاضي ارفوت ت. كل ةحاتم ةي ن اجم ل ا ةي و غ ل ل ا ة د ع ا س م ل ا ت ا م د خ ن ا ف ، [ ة ي ب ر ع ل ا ] ث د ح ت ت ت ن ك ا ذ ا : ه ي ب ن ت م ق ر ل ا ب ل ص ت ا . ا ن ا ج م ا ه ي ل ا ل و ص و ل ا ل ه س ي ت ا ق ي س ن ت ب ت ا م و ل ع م ل ا ر ي ف و ت ل ة ب س ا ن م ل ا ة د ع ا س م ل ا ت ا م د خ ل ا و  
1-208-625-4000