

Sample Notice Informing Individuals About Nondiscrimination and Accessibility

Requirements and Sample Nondiscrimination Statement:

Discrimination is Against the Law

[**Name of covered entity**] 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)) [**optional:** (or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes).¹] [**Name of covered entity**] does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

[**Optional:** [**Name of the covered entity**] currently holds a [**religious and/or conscience**] exemption from the HHS Office for Civil Rights, which exempts [**name of the covered entity**] from complying with [**list provisions of Section 1557 to which the exemption applies, and the scope/terms of that exemption**].

[**Name of covered entity**]:

- 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

¹ This language/approach is not required under Section 1557 regulations.

- Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact [**name of Civil Rights Coordinator**].

If you believe that [**name of covered entity**] 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: [**name and title of Civil Rights Coordinator**], [**mailing address**], [**telephone number**], [**TTY number—if covered entity has one**], [**fax**], [**email**].

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, [**name and title of Civil Rights Coordinator**] 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/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>.

[**If applicable:** This notice is available at [**name of covered entity's**] website: [**insert covered entity's URL**]].