

Non-Discrimination and Accessibility

John Muir Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity or expression). John Muir Health also does not exclude or treat anyone differently based on race, color, ethnicity, religion, marital status, culture, national origin, age, physical or mental disability, or socioeconomic status.

John Muir Health ensures a sense of belonging and does not exclude people or treat them differently based on race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

John Muir Health:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us. Such services include but are not limited to sign language interpreters, written information in large print, audio, accessible electronic formats, or other formats.
- Provides free language assistance services to people whose primary language is not English, which may include Qualified interpreters or Information written in other languages.
- Interpreter Services are available 24/7 at **NO COST** to the patient. These services include Telephone Interpretation, Video Remote Interpretation, In-person Interpretation, and Assistive Devices. To learn more about our Interpreter Services please visit <https://www.johnmuirhealth.com/content/jmh/en/home/services/Interpreter-services.html> for more information.
- If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, please notify your care provider (nurse, medical assistant, physician, etc.).

If you believe that John Muir Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance. Please include the following information:

- Your name
- Your date of birth
- Full address
- Telephone numbers (include area code)
- E-mail address (if available)
- Name, full address and telephone number of the person, hospital, or practice you believe discriminated against you

- A brief description of what happened, including how, why, and when you believe your (or someone else's) civil rights were violated
- Any other relevant information
- Your signature and date of complaint
- The name of the person on whose behalf you are filing if you are filing a complaint for someone else

You may also include:

- Any special accommodations for us to communicate with you about this complaint
- Contact information for someone who can help us reach you if we cannot reach you directly
- If you have filed your complaint somewhere else and where you've filed

You can file a grievance with any or all of the following:

John Muir Health, Patient Engagement

Telephone: (925) 941-5003

Email: patient.relations@johnmuirhealth.com

Fax: (925) 947-5218

California Department of Public Health

Licensing and Certification Division

850 Marina Bay Parkway

Richmond, CA 94804-6403

(510) 620-3900 or (800) 554-0352

U.S. Department of Health and Human Services

Office for Civil Rights

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 <https://www.hhs.gov/ocr/complaints/index.html>