



All Families Healthcare
PO Box 4027 / 737 Spokane
Whitefish, MT 59937
406.730.8682 info@allfamilies.org
www.allfamilieshealth.org

NONDISCRIMINATION POLICY

ALL FAMILIES HEALTHCARE complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ALL FAMILIES HEALTHCARE does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, orientation, gender identity, or religion.

ALL FAMILIES HEALTHCARE 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)

ALL FAMILIES HEALTHCARE provides free language services to people whose primary language is not English, such as Information written in other languages.

If you need these services, contact **ALL FAMILIES HEALTHCARE**' s Office.

If you believe that **ALL FAMILIES HEALTHCARE** has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, orientation, gender identity, or religion:

- contact **ALL FAMILIES HEALTHCARE** Privacy Officer: Helen Weems
- Mailing Address: PO Box 4027, 737 Spokane Avenue, Whitefish, Montana 59937
- Telephone number: 406.730.8682
- Fax: 406.730.8685
- Email: Helen@allfamilieshealth.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, **ALL FAMILIES HEALTHCARE** Privacy Officer 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>.