



Summary Procedures

Filing a Discrimination Grievance

It is WellStar Health System's policy to prohibit discrimination on the basis of race, color, national origin, sex, gender identity, age or disability. WellStar has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the Compliance Office at 790 Sawyer Road, Marietta, GA 30062. If you wish to remain anonymous you may call the Compliance Hotline at (888) 800-5094.

ANY PERSON WHO BELIEVES SOMEONE HAS BEEN SUBJECTED TO DISCRIMINATION ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, AGE OR DISABILITY MAY FILE A GRIEVANCE UNDER THIS PROCEDURE. IT IS AGAINST THE LAW FOR WELLSTAR TO RETALIATE AGAINST ANYONE WHO OPPOSES DISCRIMINATION, FILES A GRIEVANCE, OR PARTICIPATES IN THE INVESTIGATION OF A GRIEVANCE.

Procedure:

- Grievances must be submitted to the Civil Rights Compliance Director within (60 days) of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A grievance should be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought. If you wish to remain anonymous you may call the Compliance Hotline at (888) 800-5094.
- The Civil Rights Compliance Director (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint.
- The Civil Rights Compliance Director will maintain the files and records relating to such grievances. To the extent possible, and in accordance with applicable law, Civil Rights Compliance Director will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Civil Rights Compliance Director will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies. The investigation and resolution of the grievance may require additional time and the Civil Rights Compliance Director may reasonably extend such period.
- The person filing the grievance may appeal the decision of the Civil Rights Compliance Director by writing to the Chief Compliance Officer within 15 days of receiving the Civil Rights Compliance Director's decision. Such appeal maybe filed at: 793 Sawyer Road, Marietta, GA 30062. The Chief

Compliance Office shall issue a written decision in response to the appeal no later than 30 days after its filing.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail or phone at: **U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201**. Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination.

WellStar will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Civil Rights Compliance Director will be responsible for such arrangements.

NOTICE OF NON-DISCRIMINATION POLICY: WellStar does not discriminate on the basis of race, color, national origin (including individuals with limited English proficiency), sex (including gender identity), age or disability in health programs or activities and is compliant with Section 1557.

Those with limited English proficiency have the right to receive communication assistance free of charge:

- ◆ **Español (Spanish):** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al [1-888-768-3556 (93557827#)].
- ◆ **Tiếng Việt (Vietnamese):** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số [1-888-768-3556 (93557827#)].
- ◆ **繁體中文 (Chinese):** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電[1-888-768-3556 (93557827#)]。
- ◆ **Deutsch (German):** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: [1-888-768-3556 (93557827#)].
- ◆ **한국어 (Korean):** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. [1-888-768-3556 (93557827#)]번으로 전화해 주십시오
- ◆ **ພາສາລາວ (Lao):** ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ [1-888-768-3556 (93557827#)].
- ◆ **Arabic:** كل رفاوت تة يوغ ل لا تدعاس م لا تامدخ نإ ف،ة غ ل ل لا ر كذا تدحت ت تن ك اذا : ظوح ل م (Arabic) ي ب م قر [1-888-768-3556(93557827#)] م قر ب ل ص تا . ن اجم ل اب

- ◆ **Tagalog (Tagalog - Filipino):** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa [1-888-768-3556 (93557827#)]
- ◆ **Français (French):** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le [1-888-768-3556 (93557827#)].
- ◆ **日本語 (Japanese):** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。[1-888-768-3556(93557827#)] まで、お電話にてご連絡ください
- ◆ **Русский (Russian):** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните [-888-768-3556 (93557827#)].
- ◆ **Português (Portuguese)** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para [1-888-768-3556(93557827#)] .
- ◆ **አማርኛ (Amharic)** ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አገልግሎት ድርጅቶቻችን በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ፡ 1-xxx-xxx-xxxx (መስማት ለተሳናቸው፡ 1-888-768-3556 (93557827#)).
- ◆ **Kreyòl Ayisyen (French Creole) ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele [1-888-768-3556 (93557827#)].
- ◆ **ગુજરાતી (Gujarati) સુચના:** જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો [1-888-768-3556 (93557827#)]
- ◆ **èdè Yorùbá (Yoruba) AKIYESI:** Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi [1-888-768-3556 (93557827#)].
- ◆ **Bàsɔ̀̀-wùdù-po-nyò (Bassa) Dè dɛ nià kɛ dyédé gbo:** ɔ jũ ké m̄ [Bàsɔ̀̀-wùdù-po-nyò] jũ ní, nìí, à wuɖu kà kò dò po-poò bɛ̀in m̄ gbo kpáa. Ɖá [1-888-768-3556 (93557827#)].
- ◆ **Igbo asusu (Ibo) Ige nti:** O buru na asu Ibo asusu, enyemaka diri gi site na call [1-888-768-3556 (93557827#)].
- ◆ **हिंदी (Hindi) ध्यान दें:** यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। [1-888-768-3556 (93557827#)] पर कॉल करें।