

## **Nondiscrimination notice**

This notice applies to Samaritan Health Plans (SHP) and our providers.

### **Discrimination is against the law**

We must follow federal and state civil rights laws. We, and our providers, do not single out or treat people differently. This is true for any of our programs or activities. We cannot treat someone (including members and potential members) unfairly because of their:

- Age.
- Color.
- Disability.
- Race.
- Religion.
- National origin, primary language and proficiency of English language.
- Sex, sex characteristics, sexual orientation, gender identity, and sex stereotype.
- Pregnancy and related conditions.
- Health status and need for services.

We provide free aids and services to people with disabilities to communicate with us. These include:

- Qualified sign language interpreters.
- Written information in other formats. This includes large print, audio, accessible electronic formats and other formats.
- Other reasonable modifications.

We provide free language services to people whose main language is not English. These include:

- Qualified interpreters.
- Information written in other languages.

For free language services or other reasonable modifications, call Customer Service at **541-768-7866** or toll free at **866-207-3182**.

If you believe that Samaritan Health Plan has failed to provide these services or treated you differently because of any reason listed above, you can file a grievance. You can file a grievance in

person or by mail, fax or email. If you need help filing a grievance, our Patient Experience Coordinator is available to help you.

- Phone: **541-768-5701** (TTY **800-735-2900** or **711**).
- Email: [SHSserviceexcellence@samhealth.org](mailto:SHSserviceexcellence@samhealth.org).
- Web: [samhealthplans.org/MemberRights](http://samhealthplans.org/MemberRights).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. You can do this through the Office for Civil Rights Complaint Portal, [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf). You can also file a complaint by mail, phone or email:

- Phone: **800-368-1019** (TTY **800-537-7697**).
- Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov).
- Mail: U.S. Department of Health and Human Services Office for Civil Rights, 200 Independence Ave. SW, Room 509F, HHH Building Washington, D.C. 20201.

You may also file a grievance with the Bureau of Labor and Industries Civil Rights Division by phone, email or mail at:

- Phone: **971-673-0764** (TTY **711**).
- E-mail: [boli\\_help@boli.oregon.gov](mailto:boli_help@boli.oregon.gov).
- Web: [oregon.gov/boli/civil-rights](http://oregon.gov/boli/civil-rights).
- Mail: Bureau of Labor and Industries Civil Rights Division, 800 NE Oregon St., Suite 1045, Portland, OR 97232.