

Nondiscrimination notice

This notice applies to Samaritan Health Plans (SHP), InterCommunity Health Network Coordinated Care Organization (IHN-CCO) 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.
- Gender identity.
- Marital status.
- National origin.
- Race.
- Religion.
- Sex.
- Sexual orientation.
- 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.

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

- Qualified interpreters.
- Information written in other languages.

If you need these services, contact our Customer Service.

If you believe that SHP and/or IHN-CCO have 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 Compliance Officer is available to help you.

Compliance Officer
PO Box 1310
Corvallis, OR 97339

Phone: 541-768-4550, 800-832-4580 (TTY 800-735-2900)

Fax: 541-768-9791

E-mail: SHPOCompliance@samhealth.org

Web: IHNtogether.org/NDN-Form

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**. You can also file a complaint by mail, phone or email (see below).

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Ave. SW, Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019 (TTY 800-537-7697)

Email: OCRComplaint@hhs.gov

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

Web: **oregon.gov/boli/civil-rights**

Phone: **971-673-0764 (TTY 711)**

E-mail: boli_help@boli.oregon.gov

Mail: Bureau of Labor and Industries Civil Rights Division
800 NE Oregon St., Suite 1045
Portland, OR 97232

IHN-CCO Members ONLY:

If you are an IHN-CCO member, you may also file a grievance with Oregon Health Authority (OHA) Civil Rights.

Web: **oregon.gov/OHA/OEI**

Email: OHA.PublicCivilRights@odhsoha.oregon.gov

Phone: **844-882-7889 (TTY 711)**

Mail: Office of Equity and Inclusion Division
421 SW Oak St., Suite 750
Portland, OR 97204

You can get this in other languages, large print, Braille or a format you prefer. You can also ask for an interpreter. This help is free. Call 800-832-4580 (TTY 800-735-2900).

Puede obtenerlo en otros idiomas, letra grande, Braille o el formato que prefiera. También puede solicitar un intérprete. Esta ayuda es gratuita. Llame al 800-832-4580 (TTY 800-735-2900).