

# 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 unfairly because of their:

- Age.
- Color.
- Disability.
- Gender identity.
- Marital status.
- National origin.
- Race.
- Religion.
- Sex.
- Sexual orientation.

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](http://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](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf). You can also file a complaint by mail, phone or email (see below). The complaint form can be found at [hhs.gov/ocr/office/file](https://hhs.gov/ocr/office/file).

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, 800-537-7697** (TDD)

**Email:** [OCRComplaint@hhs.gov](mailto: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:

**Phone:** **971-673-0764**

**E-mail:** [crdemail@boli.state.or.us](mailto:crdemail@boli.state.or.us)

**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](https://oregon.gov/OHA/OEI)

**Email:** [OHA.PublicCivilRights@state.or.us](mailto:OHA.PublicCivilRights@state.or.us)

**Phone:** **844-882-7889, 711** TTY

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

You can get this document in another language, format, large print or ask for an interpreter at no cost to you. Please call us at 800-832-4580 (TTY 800-735-2900) to request a copy of this document or an interpreter.

Puede obtener este documento en otro idioma, otro formato o en letra grande o pedir un intérprete sin costo alguno para usted. Llámenos al 800-832-4580 (TTY 800-735-2900) para pedir una copia de este documento o un intérprete.