

# **Allegany County Health Department**

## **Non-Discrimination Statement**

The Allegany County Health Department complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, religion or creed, sex, age, ancestry or national origin, marital status, physical or mental disability, sexual orientation and gender identity.

### **English**

Help is available in your language: *1-866-909-9629 (TTY: 1-800-735-2258)*. These services are available for free.

### **Español/Spanish**

Hay ayuda disponible en su idioma: *1-866-909-9629 (TTY: 1-800-735-2258)*. Estos servicios están disponibles gratis.

### **中文/Chinese**

用您的语言为您提供帮助：*1-866-909-9629 (TTY: 1-800-735-2258)*。这些服务都是免费的

**NOTICE TO THE PUBLIC**  
**SECTION 1557 NON-DISCRIMINATION STATEMENT**  
**AND GRIEVANCE PROCEDURE**

It is the policy of the Allegany County Health Department (ACHD) not to discriminate on the basis of race, color, national origin, sex, age or disability. The ACHD 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 office of Delinda Johnson, Equal Access Compliance Manager, Equal Access Compliance Unit, Office of Equal Opportunity Programs, Maryland Department of Health and Mental Hygiene, 201 West Preston Street, Room 514, Baltimore, Maryland 21201, [410-767-6600](tel:4107676600) (voice), [1-800-735-2258](tel:18007352258) (TTY), [410-333-5337](tel:4103335337) (Fax), [delinda.johnson@maryland.gov](mailto:delinda.johnson@maryland.gov) (email), who has been designated to coordinate the efforts of the Department to comply with Section 1557.

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 the ACHD 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 Section 1557 Coordinator within (60 days) of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must 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.
- The Section 1557 Coordinator (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 Section 1557 Coordinator will maintain the files and records of the Department relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator 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 Section 1557 Coordinator 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 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/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, 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.

The ACHD 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, or assuring a barrier-free location for the proceedings. If you need these services, please contact the ACHD directly at 301-759-5008 (TTY: 1-800-735-2258). The Section 1557 Coordinator will ensure that the ACHD provides such services free and upon request in accordance with applicable policies and regulations.