Notice of Nondiscrimination

Punxsutawney Area Hospital complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), sex, sexual orientation, sex characteristics, age, or disability in its health programs and activities. Punxsutawney Area Hospital does not exclude people or treat them differently based on these factors.

Accessibility and Language Assistance Services

Punxsutawney Area Hospital provides the following services free of charge to ensure effective communication and meaningful access to our services:

- For Individuals with Disabilities: We offer reasonable modifications, including auxiliary aids and services such as qualified sign language interpreters, and information in alternate formats (e.g., large print, braille, audio, and accessible electronic formats). These are provided promptly and without cost.
- For Individuals with Limited English
 Proficiency: We provide language
 assistance services, such as qualified
 interpreters and translated documents,
 free of charge to ensure meaningful
 access for individuals whose primary
 language is not English.

How to Access Services

To request disability accommodation or language assistance, call 814-938-1848.

Section 1557 Coordinator Contact Information

For additional assistance or information regarding nondiscrimination services, please contact our Section 1557/Civil Rights Coordinator:

Section 1557/Civil Rights Coordinator

81 Hillcrest Drive, Punxsutawney PA 15767

Email: CivilRightsCoordinator@pah.org

Office: 814-938-1862

Grievance Procedure

If you believe Punxsutawney Area Hospital has failed to provide these services or has discriminated in another way based on race, color, national origin, age, disability, or sex, sexual orientation, sex characteristics, you may file a grievance with the Civil Rights Coordinator, who is available to help you. Grievances can be filed in person, by mail, fax, or email. More information about the grievance procedure is available at www.pah.org/about/for-patients

Filing a Civil Rights Complaint with the U.S. Department of Health and Human Services

If you feel your rights have been violated, you can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- Electronically via the OCR Complaint Portal:
 - https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf
- By mail: U.S. Department of Health and Human Services, 200 Independence Ave. SW, Room 509F, HHH Building, Washington, DC 20201
- **By phone:** 1-800-368-1019 or 800-537-7697 (TDD)
- Complaint forms are available at OCR Complaint Forms.

Website Access

For an online version of this notice, please visit our website at www.pah.org/about/for-patients

Physical Location of Notice - This notice is posted in clear and prominent locations at our facilities, where individuals are likely to see it. The notice is displayed in at least 20-point sans serif font to ensure readability. **Distribution Upon Request Requirement** - This notice is provided to all participants, beneficiaries, enrollees, and applicants of our health programs and activities upon request.