

## WakeMed Notice of Nondiscrimination

WakeMed Health & Hospitals complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. WakeMed Health & Hospitals does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

WakeMed Health & Hospitals provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters; and
- Written information in other formats (large print, audio, accessible electronic formats and other formats).

WakeMed Health & Hospitals provides free language services to people whose primary language is not English, such as:

- Qualified interpreters; and
- Information written in other languages.

If you need these services, contact the WakeMed Patient & Family Liaisons at 919-350-8212 or [patientadvocate@wakemed.org](mailto:patientadvocate@wakemed.org). If you believe that WakeMed Health & Hospitals has failed to provide these services or discriminated in another way on the basis of

race, color, national origin, age, disability or sex, you can file a grievance with Terri Venezia, Executive Director, Patient & Family Experience, WakeMed Health & Hospitals, 3000 New Bern Avenue, Raleigh, NC 27610, 919-350-8212, Fax: 919-350-5337, or [patientadvocate@wakemed.org](mailto:patientadvocate@wakemed.org).

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the WakeMed Patient & Family Liaisons are available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, 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  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-919-350-8212 (TTY: 1-919-350-8212).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-919-350-8212 (ATS : 1-919-350-8212).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-919-350-8212 (TTY：1-919-350-8212)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-919-350-8212 (TTY: 1-919-350-8212).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-919-350-8212 (TTY: 1-919-350-8212).



ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 919-350-8212 (رقم هاتف الصم والبكم: 919-350-8212).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-919-350-8212 (TTY: 1-919-350-8212)번으로 전화해 주십시오.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-919-350-8212 (TTY: 1-919-350-8212 पर कॉल करें।

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-919-350-8212 (TTY: 1-919-350-8212).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-919-350-8212 (телетайп: 1-919-350-8212).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-919-350-8212 (TTY: 1-919-350-8212).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-919-350-8212 (TTY: 1-919-350-8212).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-919-350-8212 (TTY: 1-919-350-8212).

శ్రద్ధ పెట్టండి: ఒకవేళ మీరు తెలుగు భాష మాట్లాడుతున్నట్లయితే, మీ కొరకు తెలుగు భాషా సహాయక సేవలు ఉచితంగా లభిస్తాయి. 1-919-350-8212 (TTY: 1-919-350-8212) కు కాల్ చేయండి.

Nti: Ọ bụrụ na asụ Ibo, asụsụ aka ọasụ n'efu, defu, aka. Call 1-919-350-8212 (TTY: 1-919-350-8212).

AKIYESI: Bi o ba nsọ èdè Yorùbú ọfé ni iranlọwọ lori èdè wa fun yin o. Ẹ pe ẹrọ-ibanisọrọ yi 1-919-350-8212 (TTY: 1-919-350-8212).