

## WakeMed Notice of Nondiscrimination

WakeMed Health & Hospitals complies with applicable civil rights laws and does not discriminate, exclude, or otherwise treat individuals differently on the basis of race, ethnicity, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, genetic information, veteran status, or any other protected characteristic under applicable law.

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 Relations Liaisons at 919-350-8212 or [patientexperience@wakemed.org](mailto:patientexperience@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 Patient Relations, WakeMed Health & Hospitals, 3000 New Bern Avenue, Raleigh, NC 27610, 919-350-8212, Fax: 919-350-5337, or [patientexperience@wakemed.org](mailto:patientexperience@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 Relations 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>.

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 નિ:શુલ્ક 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.

Ntị: 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 ọfẹ ni iranlọwọ lori èdè wa fun yin o. E pe ẹrọ-ibanisọrọ yi 1-919-350-8212 (TTY: 1-919-350-8212).