

## **NONDISCRIMINATION NOTICE**

The Department of Health Care Services (DHCS) complies with applicable Federal and State civil rights laws. DHCS does not unlawfully discriminate against, exclude, or treat people differently on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation.

### **DHCS:**

- Provides free aids and services to people with disabilities to communicate effectively with DHCS, such as:
  - Qualified sign language interpreters
  - Written information in other formats such as large print, braille, audio or accessible electronic formats
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call the Office of Civil Rights, at **1-916-440-7370**, 711 (California State Relay) or email [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov). Upon request, this document can be made available to you in braille, large print, audio or accessible electronic formats.

If you believe DHCS has failed to provide these services or you have been discriminated against in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation, you can file a grievance with the Office of Civil Rights.

**Department of Health Care Services**  
**Office of Civil Rights**  
**PO Box 997413, MS 0009**  
**Sacramento, CA 95899-7413**  
**(916) 440-7370, 711 (California State Relay)**  
**Email: [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov)**

If you need help filing a grievance, the Office of Civil Rights can help you. Complaint forms are available at: <https://www.dhcs.ca.gov/discrimination-grievance-procedures>

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. You can file electronically through the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or you can file by mail or phone at:

**U.S. Department of Health and Human  
Services  
200 Independence Avenue  
SW Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, TTY 1-800-537-7697**

You can get a complaint form at: <http://www.hhs.gov/ocr/office/file/index.html>