



My Care Alabama East complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. My Care Alabama East does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

My Care Alabama East:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other 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, contact your Care Coordinator or call 1-800-874-9426, or TTY: 711.

Complaint/Grievance

If you believe that My Care Alabama East 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 complaint or grievance by contacting:

Stephanie Adair, Executive Director
600 Broad Street, Gadsden, AL 35901
Telephone: 205-768-5675
Email: Stephanie.Adair@MyCareAlabama.org

You can also file a grievance based on dissatisfaction with case manager or other My Care Alabama Staff, complaints related to PCPs, and denial of care coordination services. You can file a complaint or grievance in person or by mail, fax, or email. If you need help filing a complaint or grievance, the My Care Alabama East's office is 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 ComplaintPortal, 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, D.C. 20201
1-800-368-1019
1-800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



Language Assistance

ATTENTION: Language assistance services are available to you free of charge. Toll Free: 1-800-874-9426 and TTY: 711.

English - LARGE PRINT

ATTENTION: Language assistance services are available to you free of charge. Toll Free: 1-800-874-9426 and TTY: 711.

Spanish - Español

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al Toll Free: 1-800-874-9426 and TTY: 711.

Chinese 中文

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 (Toll Free: 1-800-874-9426 and TTY: 711)

Korean 한국어

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 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Toll Free: 1-800-874-9426 and TTY: 711。

번으로 전화해주십시오.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số Toll Free: 1-800-874-9426 and TTY: 711

(Arabic)

ناجملا بك لرفاوتة غللا قدعاسملا تامدخن إف، غللا ركذا ثدحتت نكاذإ: تظوحلم (800) -874 مقر بل صتا . ن اجملا بك لرفاوتة غللا قدعاسملا تامدخن إف، غللا ركذا ثدحتت نكاذإ: تظوحلم (رقم هاتف الصم والبكم: 9426. 711)



Türkçe (Turkish)

DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-800-874-9426 and TTY: 711. irtibat numaralarını arayın.

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-874-9426 and TTY: 711.まで、お電話にてご連絡ください。