



My Care Alabama Northwest 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 Northwest does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

My Care Alabama Northwest:

- 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 Northwest 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:

Stacy Copeland, Executive Director  
2614 Hough Road, Florence, AL 35630  
Telephone: 256-541-2307  
Email: [Stacy.Copeland@MyCareAlabama.org](mailto:Stacy.Copeland@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 Northwest'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 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, 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>.







### **Português (Portuguese)**

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-874-9426 and TTY: 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。