

Nondiscrimination and Accessibility Notice for Anthem Blue Cross Members

Section 1557 of the Affordable Care Act

Policy

Bakersfield Family Medical Center/Heritage Physician Network complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, disability, or sex.

Bakersfield Family Medical Center/Heritage Physician Network does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Bakersfield Family Medical Center/Heritage Physician Network:

- Provides aids and services at no cost 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 our customer service department at **(800) 763-7732**.

If you believe that Bakersfield Family Medical Center/Heritage Physician Network 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:

Attn: Compliance Officer/Privacy Officer
Bakersfield Family Medical Center/Heritage Physician Network
4570 California Ave, Bakersfield CA 93309

Phone: (800) 763-7732

Email: custsatis@bfmc.com

You can file a grievance in person or by mail or email.

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, which is 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, 800-537-7697 (TDD)

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

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Such complaints must be filed within 180 days of the date of the alleged discrimination.

Getting Help in Your Language

English

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-800-407-4627 (TTY: 1-888-757-6034).

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-407-4627 (TTY: 1-888-757-6034).

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 1-800-407-4627 (TTY: 1-888-757-6034).

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-407-4627 (TTY: 1-888-757-6034).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-407-4627 (TTY: 1-888-757-6034)번으로 전화해 주십시오.

繁體中文 (Chinese)

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 1-800-407-4627 (TTY: 1-888-757-6034)。

Հայերեն (Armenian)

Ուշադրութեամբ նշելու է թէ խոսուիմք հայերեն, ապա ձեզ անվճար կարող ենք տրամադրել լեզվակապակցային աջակցություն: Ձանգահարեք 1-800-407-4627 (TTY: 1-888-757-6034):

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-407-4627 (TTY: 1-888-757-6034):.

فارسی (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما

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فراهم می باشد. با: 1-800-407-4627 (TTY: 1-888-757-6034) تماس بگیرید.

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-xxx-xxx-xxxx] 1-800-407-4627 (TTY: 1-888-757-6034)まで、お電話にてご連絡ください。

Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-407-4627 (TTY: 1-888-757-6034):.

ਪੰਜਾਬੀ (Punjabi)

ਪਿਆਨ ਪਿਠਿ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਨੂੰ ਮੁਫਤ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-407-4627 (TTY: 1-888-757-6034): 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اللغة، فإن خدمات المساعدة اللغوية متوفرة لك بالمجان. اتصل برقم 1-800-407-4627 (TTY: 1-888-757-6034) للصم والبكم: رقم هاتف

हिंदी (Hindi)

ध्यान द: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-407-4627 (TTY: 1-888-757-6034) पर कॉल करें।

ภาษาไทย (Thai)

เรียน: หากคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-407-4627 (TTY: 1-888-757-6034).

ខ្មែរ (Cambodian)

ប្រយ័ត្ន: បើ អ្នក ជា អ្នក កម្ពុជា ភាសា ខ្មែរ, ការ ជំនួយ មិន គិត ថ្លៃ ក៏ អាច មិន សំរាប់ អ្នក ចូល ទៅ បាន ទេ ទូរស័ព្ទ 1-800-407-4627 (TTY: 1-888-757-6034)។

ພາສາລາວ (Lao)

ໂບດລາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-407-4627 (TTY: 1-888-757-6034)