

# Nondiscrimination and Accessibility Notice for Cigna 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](mailto: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 1-800-806-2059 (TTY: 711).

#### Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-806-2059 (TTY: 711).

#### 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 1-800-806-2059 (TTY: 711).

#### Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-806-2059 (TTY: 711).

#### 한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-806-2059 (TTY: 711)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 1-800-806-2059 (TTY: 711)。

#### Հայերեն (Armenian)

Ուշադրութեամբ խնդրում ենք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվակապակցային ծառայություններ: Ձանգահարեք 1-800-806-2059 (TTY: 711):

#### Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-806-2059 (TTY: 711):.

#### فارسی (Farsi)

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

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فراهم می باش.د. با: (TTY: 711): 1-800-806-2059 ئم اس بگورید.

### 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] 1-800-806-2059 (TTY: 711):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 1-800-806-2059 (TTY: 711):.

### ਪੰਜਾਬੀ (Punjabi)

ਪਿਆਨ ਪਿਉ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਸੀਂ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-806-2059 (TTY: 711): 'ਤੇ ਕਾਲ ਕਰੋ।

### العربية (Arabic)

ملحوظة: إذا كنت تتحدث اللغة، فإن خدمات المساعدة اللغوية متوفرة لك بالمجان. اتصل برقم 2059-806-800-1 (رقم هاتف الصم والبكم: (TTY: 711)).

### हिंदी (Hindi)

ध्यान द: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-806-2059 (TTY: 711)) पर कॉल करें।

### ภาษาไทย (Thai)

เรียน: หากคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-806-2059 (TTY: 711).

### ខ្មែរ (Cambodian)

អរម្ភ: បើ អ្នក ប្រើ ភាសា ខ្មែរ ក្នុង ការ ទាក់ ទង ជាមួយ យើង, យើង ផ្តល់ ជំនួយ ភាសា ឥត គិត ថ្លៃ ដល់ អ្នក ឱ្យ ទទួល បាន ជំនួយ ភាសា ឥត គិត ថ្លៃ តាម លេខ ទូរស័ព្ទ 1-800-806-2059 (TTY: 711)។

### ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-806-2059 (TTY: 711)