

# Nondiscrimination Statement: Discrimination is Against the Law



Vibra Healthcare complies with applicable with State and Federal civil rights laws and does not discriminate on the basis of race, color, national origin, religion, age, disability, sex or sexual orientation. Vibra Healthcare does not exclude people or treat them differently because of race, color, national origin, religion, age, disability, sex or sexual orientation.

## Vibra Healthcare

- 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 our Civil Rights Coordinator/Hospital Compliance Officer located below.

If you believe that Vibra Healthcare 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 the Civil Rights Coordinator/Hospital Compliance Officer shown below. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

Compliance Officer  
Vibra Hospital of Southeastern Michigan  
26400 West Outer Dr  
Lincoln Park, MI 48146-2088  
Phone: 313.594.6000

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, 800.537.7697 (TDD)

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

## Spanish

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.313.594.6000

## Arabic

إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.313.594.6000 (رقم

## 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 1.313.594.6000

## Vietnamese

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.313.594.6000

