

NOTICE OF NON-DISCRIMINATION

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

This provider:

- 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 the Compliance Officer and/or CEO at FORREST CITY MEDICAL CENTER.

If you believe that this provider 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:

Compliance Officer and/or CEO
FORREST CITY MEDICAL CENTER
1601 NEWCASTLE ROAD, FORREST CITY, AR 72335
TEL – 870-261-0000; TTY – 800-285-1131; FAX – 870-261-0405
EMAIL: ForrestCityAR_ceo@QuorumHealth.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Compliance Officer and/or CEO 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, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

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

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you.

SPANISH

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

VIETNAMESE

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

MARSHALLESE

Kojela: Elane kwoj aikuij kajin Majol, ijo ej lelok jiban ikijen kajin, ejelok onen, enaj iwoj nan kwe.

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。

LAOTIAN

ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາລາວ, ພວກເຮົາມີບໍລິການໃຫ້ຄວາມຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໄວ້ບໍລິການທ່ານ.

TAGALOG

PAUNAWA: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo ng tulong sa wika.

ARABIC

ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان.

GERMAN

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

FRENCH

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

HMONG

LUS CEEB TOOM: Yog tias koj hais lus Hmoob, kev pab cuamtxhais lus, yog pab dawb xwb.

KOREAN

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

PORTUGUESE

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis.

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。

HINDI

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।

GUJARATI

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે.

Call: 870-261-0000

TTY: 800-285-1131

ARKANSAS