



## NOTICE AND NON-DISCRIMINATION STATEMENT

### Unique Healthcare Systems, LLC

Business Entity Name (referred to "we" here after in this notice)

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

#### **We provide:**

- **Free aids and services to people with disabilities to communicate effectively with us, such as:**
  - **Qualified sign language interpreters**
  - **Written information in other formats**
- **Free language services to people whose primary language is not English, such as:**
  - **Qualified interpreter services**
  - **Information written in other languages**

#### **If you need these services, please notify clinic staff.**

If you believe that we have 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:

Name: Compliance Officer

Phone: 727-754-2657

Email: [rooseveltblvdteam@afcurgentcare.com](mailto:rooseveltblvdteam@afcurgentcare.com)

Mailing Address: 2650 Roosevelt Blvd, Clearwater, FL 33760

You can file a grievance in person or by mail, fax, or email. If you need help filing grievances contact: The Compliance Office as given above.

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. Phone: 1-800-368-1019, 800-537-7697 (TDD).


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





## FLORIDA


### ENGLISH


Point to your language. An interpreter will be called. The interpreter is provided at no cost to you.


**Spanish** Español   
Señale su idioma y llamaremos a un intérprete.  
El servicio es gratuito.


**Haitian Creole** Kreyòl   
Lonje dwèt ou sou lang ou pale a epi n ap rele you  
entèprèt pou ou. Nou ba ou sèvis entèprèt la gratis.


**Vietnamese** Tiếng Việt   
Hãy chỉ vào ngôn ngữ của quý vị. Một thông dịch viên sẽ được  
gọi đến, quý vị sẽ không phải trả tiền cho thông dịch viên.


**Portuguese** Português   
Indique o seu idioma. Um intérprete será chamado. A  
interpretação é fornecida sem qualquer custo para você.


**Chinese**   
請指認您的語言，以便為 請指認您的語言，以便為  
您提供免費的口譯服務。 您提供免費的口譯服務。

**French** Français   
Indiquez votre langue et nous appellerons un  
interprète. Le service est gratuit.


**Tagalog** Tagalog   
Ituro po ang inyong wika. Isang tagasalin ang  
ipagkakaloob nang libre sa inyo.

**Russian** Русский   
Укажите язык, на котором вы говорите. Вам вызовут  
переводчика. Услуги переводчика предоставляются бесплатно.


**Arabic** عربي   
أشر إلى لغتك. وسيتم الاتصال بمترجم فوري. كما  
سيتم إحضار المترجم الفوري مجاناً.


**Italian** Italiano   
Indicare la propria lingua. Un interprete sarà chiamato.  
Il servizio è gratuito.

**German** Deutsch   
Zeigen Sie auf Ihre Sprache. Ein Dolmetscher wird  
angefordert. Der Dolmetscher ist für Sie kostenlos.

**Korean** 한국어   
귀하께서 사용하는 언어를 지정하시면 해당  
언어 통역 서비스를 무료로 제공해 드립니다.

**Polish** Polski   
Proszę wskazać swój język i wezwiemy tłumacza.  
Usługa ta zapewniana jest bezpłatnie.

**Gujarati** ગુજરાતી   
તમારી ભાષાનો ઉલ્લેખ કરો. દુભાષિયાને બોલાવી શકાશે.  
દુભાષિયાને બોલવામાં તમારે ખર્ચ આપવો નહિ પડે.

**Thai** ไทย   
ช่วยชี้ที่ภาษาที่ท่านพูด แล้วเราจะจัดหาสามให้ท่าน  
การใช้สามไม่ต้องเสียค่าใช้จ่าย