



NOTICE AND NON-DISCRIMINATION STATEMENT

Sunshine Family Care, 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:(407) 883-0908
Email:pdipasqua@afcurgentcare.com
Mailing Address: 3385 S US Hwy 17 92, Casselberry, FL 32707

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