

New Patient Form

Notice of Nondiscrimination: Page 1



Discrimination is Against the Law

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

Arizona Digestive Health:

- 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, please contact your physician's office.

Complaints

If you believe that Arizona Digestive Health 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:

Danielle Withrow, Compliance Manager

P: 602.264.9100 ext. 319 | F: 602.264.9101
645 E. Missouri Ave.| Suite 280| Phoenix, AZ 85012
dwithrow@arizonadigestivehealth.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Danielle Withrow, Compliance Manager 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, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.htm>

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LANGUAGE ASSISTANCE SERVICES are available to you at Arizona Digestive Health free of charge. To obtain services, call 602-264-9100.

Spanish: Atención: Si usted habla uno de los siguientes idiomas, la asistencia está a su disposición de forma gratuita. Por favor, pedir ayuda a un miembro del personal.

Vietnamise: Chú ý: Nếu bạn nói một trong những ngôn ngữ sau, hỗ trợ có sẵn cho bạn miễn phí. Xin hỏi trợ giúp từ một nhân viên.

Chinese: 注意：如果你讲以下的语言之一，援助是提供给您免费。请询问从工作人员的协助□

Arabic: ان...ا...: إِنْ كَعْدَتْ تَتَّجِعُ لِـ...، فَوْرَ لِـ... ii.. مِنْ الْلُّغَاتِ الـ...الـ...يـ...:، تـ...وْفـ...ر لـ...
مجـ...انـ...ا. ii.. مـ...نْ مـ...عـ...لـ... ii.. مـ...نْ
الـ...مـ...وـ...ظـ...قـ...يـ...نـ... .

Choctaw: ANOMPA PA PISAH: [Chahta] makilla ish anompoli hokma, kvna hosh Nahollo Anompa ya pipilla hosh chi tosholahinla. Atoko, hattak yvmma im anompoli chi bvnnakmvt, holhtina pa payah: Apela chi bvwnna hokmvt, Suzette Barnes, ish i ponaklahinla

Tagalog: Attention: Kung magsalita ka ng isa sa mga sumusunod na wika, assistance ay magagamit sa iyo nang walang bayad. Mangyaring hilingin para sa tulong mula sa isang miyembro ng kawani.

German: Achtung: Wenn Sie eine der folgenden Sprachen sprechen, Unterstützung steht Ihnen kostenlos zur Verfügung. Bitte fragen Sie nach Hilfe von einem Mitarbeiter.

Korean: 주의 : 다음의 언어 중 하나를 말할 경우, 본원이 사용 가능한 무료입니다. 교회원의 도움을 요청하시기 바랍니다.

Gujarati: દ્વારાનાં: તમે નીચેની ભાષાઓમાં એક વાત તો મદદ તમારા માટે ઉપલ્બધ વવના મુજૂ યે છે. એક રૂપાંશ સ્વરૂપી પણ માટે પછી.

Japanese: 注意：あ
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Russian: BH11MaH11e: Ec1111 Bl rOBOp11Te O)],HO 113 c11e)],yJOЩ11x 513IKOB, nOMOЩb npe)],OcTaB1151eTc51 BaM 6ecn11aTHO. ПOKa11y11cTa, O6paT11Tecb K nOMOЩ11 cO cTOpOH cOTpy),H11Ka.

Punjabi:

ਪਿਆਨ ਦੇਣ: ਤੁਹਾਨੂੰ ਹੇਠ ਭਾਸਾ ਦੇ ਇੱਕ ਨਾਲ ਗੱਲ ਕਰਦੇ ਹੋ, ਸਹਾਇਤਾ ਤੁਹਾਡੇ ਲਈ ਉਪਲੱਬਿ ਫੀਸ ਦੇ ਮੁਤਾਬਕ ਹੈ। ਨੰ ਇੱਕ ਸਟਾਫ ਮਬਰ ਦੀ ਮਦਦ ਦੀ ਮੌਜੂਦਾ ਕਰੋ।

Italian: Attenzione: Se si parla una delle seguenti lingue, l'assistenza è a vostra disposizione gratuitamente. Si prega di richiedere l'assistenza di un membro del personale.

Hindi: દ્વારાન દંદાન: આપ નન્નાલિખિત ભાષાઓમાં સંસંગે એક સંસંગે બાત કરતાં હોય, તો સહાયતા આપ કરું લિએ ઉપિધિ નન: શૂકું હોય। એક રૂપાંશ સંસંગે સહાયતા કરું લિએ પ