**Notice of Nondiscrimination and Accessibility Requirements**

**Discrimination is Against the Law**

Wexford Allergy, Asthma & Immunology, LLC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Wexford Allergy, Asthma & Immunology, LLC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Wexford Allergy, Asthma & Immunology, LLC provides free, qualified interpreters, to people whose primary language is not English. If you need these services, contact Lori Ubinger at 724-719-2441.

If you believe that Wexford Allergy, Asthma & Immunology, LLC 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: Lori Ubinger, Office Manager, 100 Bradford Road, Suite 410, Wexford, PA 15090, Phone: 724-719-2441; Fax: 724-719-2451; Email: loriwexfordallergy@gmail.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Lori Ubinger, Office 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.html.

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF NONDISCRIMINATION AND ACCESSIBILITY REQUIREMENTS**

I acknowledge that I have received Wexford Allergy, Asthma & Immunology, LLC's Notice of Nondiscrimination and Accessibility Requirements.

Date: _____ Name of Patient:_____
Print Name

_____
Signature of Patient/Personal Representative

***Documentation of Good Faith Effort to Obtain Written Acknowledgement***

I made a good faith effort to obtain the patient's written acknowledgement of our Notice of Nondiscrimination and Accessibility Requirements by (check all that apply):

- o Showing the patient the Notice of Nondiscrimination and Accessibility Requirements posted in our office.
- o Giving the patient a copy of our Notice of Nondiscrimination and Accessibility Requirements to read prior to receiving any treatment or service.
- o Giving the patient all necessary information to obtain our Notice of Nondiscrimination and Accessibility Requirements on our website.
- o Asking the patient to sign this Acknowledgement form.
- o Other (Explain in detail)

  _____
  _____
  _____

I was unable to obtain the patient's written Acknowledgement because (check all that apply):

- o The patient refused to sign this form
- o The patient would not sign the form because the patient said he/she did not understand the notice.
- o Other (Explain in detail)

  _____
  _____
  _____

Date: _____ Name:_____

**Notes**: This written Acknowledgment must be completed no later than the first date health care services or treatment is provided to the patient. This Acknowledgment must be retained in the patient's permanent records.