

Notice of Nondiscrimination

ACMH complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), sex, sexual orientation, sex characteristics, age, religion, ancestry, union membership, gender, gender identity or expression, AIDS or HIV status, veteran status, genetic information, or disability in its health programs and activities. This notice is applicable to all patients and all others who receive medical services regardless of the individual's inability to pay; whether payment for those services would be made under Medicare, Medicaid, or Children's Health Insurance Program (CHIP). ACMH does not exclude people or treat them differently based on these factors.

Accessibility and Language Assistance Services

ACMH provides the following services free of charge to ensure effective communication and meaningful access to our services:

- **For Individuals with Disabilities:** We offer reasonable modifications, including auxiliary aids and services such as qualified sign language interpreters, and information in alternate formats (e.g., large print, braille, audio, and accessible electronic formats). These are provided promptly and without cost.
- **For Individuals with Limited English Proficiency:** We provide language assistance services, such as qualified interpreters and translated documents, free of charge to ensure meaningful access for individuals whose primary language is not English.

How to Access Services

To request disability accommodation or language assistance, please call 724-545-3570.

Section 1557 Coordinator Contact Information

For additional assistance or information regarding nondiscrimination services, please contact our Section 1557/Civil Rights Coordinator:

Section 1557/Civil Rights Coordinator

One Nolte Drive, Kittanning, PA 16201

Office: 724-545-3570

Email: CivilRightsCoordinator@acmh.org

Grievance Procedure

If you believe ACMH has failed to provide these services or has discriminated in another way based on race, color, national origin, age, disability, or sex, sexual orientation, sex characteristics, you may file a grievance with the Civil Rights Coordinator, who is available to help you. Grievances can be filed in person, by mail, fax, or email. More information about the grievance procedure is available at [**www.acmh.org/non-discrimination**](http://www.acmh.org/non-discrimination).

Filing a Civil Rights Complaint with the U.S. Department of Health and Human Services

If you feel your rights have been violated, you can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- **Electronically via the OCR Complaint Portal:**
<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
- **By mail:** U.S. Department of Health and Human Services, 200 Independence Ave. SW, Room 509F, HHH Building, Washington, DC 20201
- **By phone:** 1-800-368-1019 or 800-537-7697 (TDD)
- Complaint forms are available at OCR Complaint Forms.

Website Access

For an online version of this notice, please visit our website at [**www.acmh.org/non-discrimination**](http://www.acmh.org/non-discrimination).

Physical Location of Notice - This notice is posted in clear and prominent locations at our facilities, where individuals are likely to see it. The notice is displayed in at least 20-point sans serif font to ensure readability.

Distribution Upon Request Requirement - This notice is provided to all participants, beneficiaries, enrollees, and applicants of our health programs and activities upon request.