

MOHAWK VALLEY HEALTH SYSTEM NON-DISCRIMINATION NOTICE

The Mohawk Valley Health System (MVHS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, sex, national origin, disability, religion, age, or sexual orientation or gender identity. MVHS does not exclude people or treat them differently because of race, color, sex, national origin, disability, religion, age, or sexual orientation or gender identity. You may find non-discrimination policies on the MVHS website at mvhealthsystem.org.

MVHS provides the following services in a timely manner:

- 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)
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages.

If you need disability or a language interpreter services, contact any staff member or call 315-794-1578.

MVHS Patient Advocate

111 Hospital Drive
Utica, NY 13502
Tel: 315-917-7756
Fax: 315-675-5323
Email: dodonnel@mvhealthsystem.org

If you believe that MVHS has failed to provide these services or discriminated in another way on the basis of race, color, sex, national origin, disability, religion, age, or sexual orientation or gender identity, you can contact the MVHS Patient Advocate.

You can also file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

US Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at
hhs.gov/ocr/office/file/index.html.

Section 1557 Non-Discrimination Coordinator

1676 Sunset Avenue
Utica, NY 13502
Tel: 315-624-5242
Email: smiller6@mvhealthsystem.org

If your grievance involves language access or communication related to a disability – including services for individuals who are limited English proficient (LEP), deaf or hard of hearing, blind or visually impaired contact the Section 1557 Coordinator.

