

Notice of Non-Discrimination
In Compliance with Section 1557 of the Affordable Care Act

Health Choice Arizona, Health Choice Generations, Health Choice Insurance Co., Health Choice Utah, IASIS Integrated Care, Health Choice Preferred, and Health Choice Integrated Care (Health Choice) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Health Choice does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Health Choice:

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, contact:

YoHance DeHorney, Grievance Manager/Civil Rights Coordinator
Address: 410 N. 44th Street, Ste. 900, Phoenix, AZ 85008
Phone: 480-760-4617
Fax: 480-760-4739
TTY: 711
E-mail: grievance_forms@iasishealthcare.com

If you believe that Health Choice 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:

YoHance DeHorney, Grievance Manager/Civil Rights Coordinator
Address: 410 N. 44th Street, Ste. 900, Phoenix, AZ 85008
Phone: 480-760-4617
Fax: 480-760-4739
TTY: 711
E-mail: grievance_forms@iasishealthcare.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, YoHance DeHorney, Grievance Manager/Civil Rights Coordinator 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>.

Serbo-Croatian: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-656-8991 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

Thai: เรขน: ถาคณพคภาษาไทยคณสามารถไซบรการชวเหลือทางภาษาไดฟร โทร 1-800-656-8991 (TTY: 711).