

**McLaren Print System Order**

**Order No: 89676**  
**Order Date: 2024-11-08**  
**Order Request Date:**  
**User: Lori McNamara**  
**Phone: 517-975-9498**

**Ship Location: McLaren Okemos Primary Care**  
**2270 Jolly Oak Rd. Ste. 1**  
**Okemos, MI 48864**

**Brochures**  
**Quantity: 1**  
**Paragon Dept No: 50125**  
**Dept Name: McLaren Okemos Comm Medical Center**  
**Company Number:**

**Order Total Price: 8.00**

**Item Number: MHCC-545**  
**Item Description: Nondiscrimination Poster**  
**Revision Date: 11/2024**  
**Print:**  
**Paper:**  
**Size:**  
**Fold:**  
**Finish:**  
**Drill:**  
**Poster: 11x17 lamiated**  
**Misc Info:**



**DISCRIMINATION IS AGAINST THE LAW**

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

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters or 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 and/or information written in other languages.

If you need these services, please contact any member of your care team or one of our Patient Representatives.

If you believe that McLaren has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you may file a grievance with the Patient Representative for your respective subsidiary.

You may file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Patient Representative is available to help you.

You may 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 505F, HHS 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>.

Spanish (ES/ESPA) y habla español, tiene o se proporciona servicios gratuitos de asistencia lingüística. (línea al 800) 540 2667  
معلومات عن كيفية تقديم شكوى أو طلب مساعدة لغوية مجانية. (الخط 800) 540 2667

Chinese  
中文: 800-537-7697 (TDD), 800-368-1019

**Spec Info:**