

McLaren Print System Order

Order No: 89835
Order Date: 2024-11-11
Order Request Date:
User: Michelle Evilsizer
Phone: 989-772-6897 opt 1

Ship Location: McLaren Central Oncology / Attn: Michelle Evilsizer
1221 South Drive
Mt. Pleasant, MI 48858

Brochures
Quantity: 1
Paragon Dept No: 58600
Dept Name: Medical Oncology / Morey Cancer Center
Company Number:

Order Total Price: 5.50

Item Number: MHCC-545
Item Description: Nondiscrimination Poster
Revision Date: 11/2024
Print:
Paper:
Size:
Fold:
Finish:
Drill:
Poster: 11x17 paper
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 dispone de servicios gratuitos de asistencia lingüística. Llame al (800) 540-2687.
معلومات عن كيفية تقديم شكوى أو طلب مساعدة في اللغة العربية أو اللغة الفرنسية أو اللغة الإسبانية، يرجى الاتصال بـ (800) 540-2687.
Chinese
中文: 如需无障碍服务, 或需要语言协助, 请致电 (800) 540-2687.

Spec Info: