

McLaren Print System Order

Order No: 90986
Order Date: 2024-12-19
Order Request Date:
User: Amber Kleekamp
Phone: 9892699521

Ship Location: McLaren Thumb Patient Access
1100 S Van Dyke Rd
Bad Axe, Michigan 48413

Brochures
Quantity: 5
Paragon Dept No: 10505
Dept Name: McLaren Thumb Patient Access
Company Number:

Order Total Price: 35.00

Item Number: MHCC-545
Item Description: Nondiscrimination Poster
Revision Date: 11/2024
Print:
Paper:
Size:
Fold:
Finish:
Drill:
Poster: 11x17 cling
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): ¿cómo se puede presentar una queja por discriminación? (Versión de 2016) 640 2667
Arabic: كيفية تقديم شكوى التمييز (إصدار 2016) 640 2667
Chinese: 如何提出歧视投诉 (2016年版本) 640 2667

Spec Info: Original Poster Size