

Non-Discrimination + Accessibility

Tufts Medicine (and its consolidated affiliates) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Tufts Medicine does not exclude people or treat them differently because of race, color, national origin, citizenship, alienage, religion, creed, sex, sexual orientation, gender identity, age, or disability and, where applicable, political beliefs, marital status, familial or parental status, or protected genetic information.

Tufts Medicine:

- 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 Tufts Medicine Tufts Medical Center Interpreter Services Department at **617.636.5547**

If you believe that Tufts Medicine 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:

Tufts Medicine, Attn: Civil Rights Coordinator, 800 District Ave, Suite 520, Burlington, MA 01803
T 978.322.6101 | **F** 781.352.3050 | **E** Section1557Coordinator@tuftsmedicine.org

You can file a grievance in person or by phone, mail, or fax. If you need help filing a grievance, the Patient Advocacy Department 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, DC 20201
T 1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.617.636.5547

ATENÇÃO: Se você fala português, há serviços gratuitos de assistência para tradução/interpretação à sua disposição. Ligue para 1.617.636.5547

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.617.636.5547。

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1.617.636.5547

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.617.636.5547

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.617.636.5547
ملحوظة: إذا كنت تتحدث اللغة العربية فإن خدمات المساعدة اللغوية متوفرة لك بالمجان. اتصل بالرقم 1.617.636.5547

ត្រូវចងចាំ បើអ្នកនិយាយភាសា ខ្មែរ សេវាកម្មជំនួយភាសាដោយឥតគិតថ្លៃមានផ្តល់ជូន។ ហៅទូរស័ព្ទទៅកាន់លេខ 1.617.636.5547។

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.617.636.5547

ATTENZIONE In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1.617.636.5547

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.617.636.5547 번으로 전화해 주십시오.

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται η ηρεσίες γλωσσικής η οστήριξης, οι ο οίες αρέχονται δωρεάν. Καλέστε 1.617.636.5547

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.617.636.5547

ध्यान दें: अगर आप हिंदी भाषा बोलते हैं, तो आपके लिए भाषा सहायता सेवाएँ निःशुल्क उपलब्ध होंगी। 1.617.636.5547 पर कॉल करें

ध्यान आपो: જો તમે ગુજરાતી બોલતા હો, તો વિના મૂલ્યે, આપના માટે, ભાષા સહાયતા સેવા ઉપલબ્ધ છે. 1.617.636.5547 પર કોલ કરો.