

DISCRIMINATION IS AGAINST THE LAW

_____ WOMEN'S CARE GROUP, P.C. _____ complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. _____ WOMEN'S CARE GROUP, P.C. _____ does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

_____ WOMEN'S CARE GROUP, P.C. _____ 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 _____ Practice Civil Rights Coordinator _____

If you believe that _____ WOMEN'S CARE GROUP, P.C. _____ 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:

Practice Civil Rights Coordinator _____ 900 EAST HILL AVENUE, STE. 400
KNOXVILLE _____ TN _____ 37915 _____ 865-546-1642 _____
865-525-1116 _____ muskaggs@wc-grp.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, _____ Practice Civil Rights Coordinator _____ is available to help you.

You can 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>
- By mail at
U.S. Department of Health and Human Services
200 Independence Ave. SW
Room 509F HHH Building
Washington, DC 20201
- By phone at 1-800-368-1019; 800-537-7697 (TDD)

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