

Nondiscrimination and Language Accessibility Notice Discrimination is Against the Law

Mobile County Health Department/Family Oriented Primary Health Care Clinic ("MCHD/FH") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. MCHD/FH does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

- MCHD/FH: 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, such as large print on website
- MCHD/FH: 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 our Civil Rights Coordinator.

If you believe that MCHD/FH 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: Civil Rights Coordinator, 251 N. Bayou Street, Mobile, AL 36603, Phone: 251-690-8815, Fax: 251-544-2112, email: crc@mchd.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator 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, 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>

Language Assistance Services

English

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-251-690-8815.

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-251-690-8815.

Chinese

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 1-251-690-8815。

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-251-690-8815 번으로 전화해 주십시오.

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-251-690-8815.

Arabic

مكتبنا او مصال ف تاه مقر 1-251-690-8815 مقر ل لصتا . ن ا ج م ل ا ب ك ل ر ف ا و ت ت ة و غ ل ل ل ا ة د ع ا س م ل ا ت ا م د خ ن ا ف . ة غ ل ل ل ر ك ذ ا ث د ح ت ت ن ت ك ا ذ ا : ة ط و ح ل م .

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-251-690-8815.

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-251-690-8815.

Gujarati

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-251-690-8815.

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-251-690-8815.

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-251-690-8815 पर कॉल करें।

Laotian

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-251-690-8815.

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-251-690-8815.

Portugese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-251-690-8815.

Turkish

DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-251-690-8815 irtibat numaralarını arayın.

Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-251-690-8815 まで、お電話にてご連絡ください。

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Policies and Procedures Manual

Volume VII: Patient Rights and Organization Ethics

Section II, Policy No. 3 (Originated 2/22/17)

TITLE: Non-Discrimination Policy

REFERENCES: Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000 et seq.; 45 CFR Part 80. Title IX of the Education Amendments of 1972, 20 U.S.C. 1681-1688. Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794; 45 CFR Part 84. Americans with Disabilities Act of 1990, Title II, 42 U.S.C. 12131; 28 CFR Part 35. Age Discrimination Act of 1975, 42 U.S.C. 6101; 45 CFR Part 91. Section 1557 of the Affordable Care Act, 42 U.S.C. 181116; 45 CFR Part 2.
HHS – Section 1557 Summary:
<http://www.hhs.gov/civil-rights/for-individuals/section-1557/nondiscrimination-health-programs-and-activities-proposed-rule/index.html>
CMS Top 15 languages per state:
<https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Appendix-A-Top-15.pdf>

OBJECTIVE: To promote and protect the patients' rights and to inform them of their responsibilities.

PROCEDURE(S): Originated February 22, 2017

Purpose and Introduction

The purpose of the Mobile County Health Department/Family Health (MCHD/FH) is to provide caring, high quality and professional services for the improvement and protection of the public's health through disease prevention and the assurance of public health services to resident and transient populations of the county regardless of social circumstances or the ability to pay.

MCHD/FH works closely with the community to preserve and protect the public's health, to provide caring, quality services, and serve the people of Mobile County by assuring conditions in which they can be healthy.

As a primary recipient of federal funds, MCHD/FH is responsible for providing core services through its many departments and providers to assist and support Mobile County's most vulnerable populations. The Office for Civil Rights (OCR) within the U.S. Department of Health and Human Services (HHS) enforces federal civil rights laws to assure that all individuals receive equal access to program services and information and that those programs are operated and provided in a nondiscriminatory manner.

MCHD/FH has a civil rights plan to ensure its compliance with civil rights laws intended to bring all individuals into the mainstream of public life. The plan also ensures that civil rights policies, procedures, and other access-related requirements are consistently applied agency-wide. Within MCHD/FH the Women, Infants, and Children (WIC) Program has an established Civil Rights program that will be adopted by the department.

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The purpose of the MCHD/FH Civil Rights Plan is to ensure that applicants, clients, and members of the public are not discriminated against on the basis of: race, color, national origin, sex, age, religion (excluding for WIC), or disability. The plan also serves as a source of information for MCHD/FH staff and the general public by setting out the civil rights administrative policies and procedures, identifying key contact persons within MCHD, and linking the reader to applicable laws and guidelines. However, this plan is limited in application to programs and services offered by MCHD/FH; it does not apply to employment. Employee complaints should be addressed to the department's Equal Employee Opportunity Coordinator.

Finally, MCHD/FH civil rights staff is available as a resource for technical assistance necessary for the development of civil rights policies, procedures, and related matters. The laws and regulations referenced herein are available for examination in the office of the Civil Rights Coordinator ("CRC").

Definitions of Terms

Age: The term "age" refers to how old a person is or the number of years from the date of a person's birth.

Applicant (for Services): An "applicant" is a person who has submitted an application or request for services for whom no decision has been made regarding eligibility.

Civil Rights Complaint (Discrimination Complaint): A "civil rights complaint" is a person's complaint about the conduct, behavior, or adverse actions of another person when the complainant believes the behavior was related to the complainant's race, color, national origin, sex, age, religion, or disability.

Civil Rights Assurance of Compliance: A "civil rights assurance of compliance" is a contract between or among entities that demonstrates a recipient's voluntary intent to comply with federal and state civil rights laws and regulations. The assurance also confirms a recipient's commitment to provide services and programs in a nondiscriminatory manner to applicants, clients and members of the public.

Civil Rights Plan: A "civil rights plan" is a written document that sets out an agency's civil rights administrative policies and procedures to ensure that applicants, clients, and members of the public receive equal access to human services programs and program information and that civil rights requirements are consistently applied agency-wide. A civil rights plan also serves as a valuable resource tool for both employees and clients. It sets forth policies and guidance in handling and preventing complaints of discrimination and contains important contact information, as well as the equal opportunity and limited English proficiency policies and procedures.

Client: A "client" is a person who receives assistance, services, or benefits.

Disability: The term "disability" means, with respect to an individual:

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- (1) A physical or mental impairment that substantially limits one or more of the major life activities of such individual;
- (2) A record of such impairment; or
- (3) Being regarded as having such impairment.

Discrimination: The term “discrimination” refers to exclusion from participation in, denial of the benefits of, or other subjection to discrimination under any programs to which Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendment Act of 1972, Age Discrimination Act of 1975, Section 1557 of the Affordable Care Act, Community Service Assurance of the Hill-Burton Regulations and the Omnibus Budget Reconciliation Act of 1981 apply. Accordingly, discrimination may be alleged on the grounds of race, color, national origin, sex, age, religion, or disability.

Discrimination Complaint: See “Civil Rights Complaint.”

Equal Opportunity: The term “equal opportunity” refers to equal access to federal assistance programs, services, and benefits by all applicants, clients and members of the public regardless of race, color, national origin, sex, age, religion, or disability.

Ethnicity: A social group that shares a common and distinctive culture, religion, or language. The term “ethnicity” for purposes of this civil rights plan refers to the program data collected on the following ethnic groups:

- (1) Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race; the term “Spanish origin” can be used in addition to “Hispanic or Latino.”
- (2) Not Hispanic or Latino

Federal Financial Assistance: The term “federal financial assistance” means any grant or loan of federal funds, the grant or donation of federal property and interests in property, the detail of federal personnel, the sale and lease of and the permission to use federal property or any interest in federal property and any federal agreement, arrangement or other contract that provides assistance.

Food and Nutrition Service (FNS): “FNS” refers to the nutrition assistance programs administered by the U.S. Department of Agriculture (USDA). The mission of the FNS is to provide children and needy families with better access to food and a more healthful diet through its food assistance programs and comprehensive nutrition efforts.

Limited English Proficiency (LEP): A person with “limited English proficiency” or “LEP” is not able to speak, read, write or understand the English language well enough to allow him/her to interact effectively with health and social services agencies and other providers.

National Origin: A people having a common origin, tradition, and language.

Participant: A “participant” is a person who receives assistance, services, or benefits.

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Protected Information: The term “protected information” is data that is confidential and not readily available to the public, which, if disclosed, would identify an individual or be used in connection with other information to identify an individual. This type of information is protected, whether it is in writing, in an electronic medium or communicated orally.

Qualified Individual with a Disability: The term “qualified individual with a disability” means an individual with a disability who, with or without reasonable modifications to rules, policies, or practices, the removal of architectural, communication or transportation barriers, or the provision of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by a public entity.

Race: The term “race” for purposes of this civil rights plan, refers to the data collected on individuals in the following racial categories:

(1) **American Indian or Alaskan Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

(2) **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

(3) **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

(4) **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

(5) **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Recipient of Federal Financial Assistance: A “recipient of federal financial assistance” is any state agency, state agency local counterpart, and state agency vendor participating in a federal financially assisted health, welfare and social service program.

Sex Discrimination: The prohibition on sex discrimination protects individuals from discrimination based on the following factors:

(1) An individual’s sex;

(2) Pregnancy, childbirth and related medical conditions;

(3) Gender identity; and

(4) Sex stereotyping, including the stereotype that an individual must identify as either male or female.

Sub recipient: A “sub recipient” is generally regarded as a recipient of federal financial assistance and has all the duties of a recipient in these regulations, but receives federal/state funds through a primary recipient.

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Service Area: The “service area” is the geographic area from which customers for your services are drawn (e.g. countywide, multi-county).

Vendor: A “vendor” is a provider of goods and services.

Civil Rights Coordinator

MCHD/FH has a **civil rights coordinator** (CRC) who serves as the department’s primary contact on civil rights matters and works to ensure that applicants, clients, and members of the public have equal and meaningful access to programs and services. The CRC is responsible for:

- Maintaining files and records related to such grievances;
- Handling discrimination complaints;
- Providing information about civil rights laws to MCHD/FH staff;
- Ensuring training and education on civil rights is provided to MCHD/FH staff; and
- To the extent possible and in accordance with applicable law, will take steps to preserve confidentiality of files and records related to such grievances and share them only with those who have a need to know.

You may call or write to MCHD/FH to reach the CRC. See subsection “**File a Complaint**” of the “**Discrimination Complaint/Grievance Procedure**” Section for the CRC’s contact information.

Policy for Equal Opportunity in Service Delivery

It is the policy of MCHD/FH to ensure that information about program benefits and services are made available to everyone and provided to all eligible individuals without discrimination, in compliance with civil rights laws.

MCHD/FH employees, programs, and policies cannot discriminate against clients or applicants for services on the basis of race, color, national origin, sex, age, religion, or disability. MCHD/FH employees, programs, and policies must also allow physical and program access for individuals with disabilities.

This civil rights policy covers MCHD/FH’s full range of program benefits and services, including, but not limited to, access to information about services, eligibility determinations, intake and admission procedures and treatment. This policy applies to all of MCHD/FH programs and services including those receiving state and federal financial assistance. It applies to programs and services conducted directly by MCHD/FH and those carried out by other public or private agencies or providers under contracts, licenses or other arrangements.

Note: The implementation of this plan will not affect current practices within the WIC program.

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Civil Rights/Discrimination Complaint Procedures

You have the right to fair treatment if you are an applicant, client, or member of the public trying to access human services program information or benefits. You may file a complaint if you believe you have been discriminated against because of your race, color, national origin, sex, age, religion, or disability.

How to File a Complaint

You may file a civil rights complaint with MCHD/FH. You must file your complaint within **30 days** of the date the person filing the grievance becomes aware of the alleged discriminatory action. The complaint must be in writing; contain the name and address of person filing it and signed by the complainant, and state the problem or action alleged to be discriminatory and the remedy or relief sought. When requested, accommodations or assistance will be provided to complainants to submit their complaints in written form. To ask for a complaint form, call, write to the address below, or see Attachment "A".

Mail:

MCHD Civil Rights Coordinator
Mobile County Health Department
251 N. Bayou St., Mobile, AL 36603
crc@mchd.org

Phone:

(251) 690-8815(Voice)
(251) 544-2112 (Fax)

Note: If you do not wish to file a formal written complaint, but you would like to discuss your concerns regarding possible discrimination with the CRC, you may call, write, fax or e-mail at the contact information above. Let the CRC know that you are not filing a written complaint.

Note: All WIC complaints should be handled by following established protocol.

Help To File Your Complaint

If you have any questions or need help filing your complaint; you may write, call, or fax the CRC at the contact information above. MCHD/FH will make the appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The CRC will be responsible for such arrangements.

Complaint Resolution

Upon receiving a complaint, the CRC shall conduct a prompt and thorough investigation to determine whether the facts support a finding of discrimination. If the MCHD CRC concludes the facts support a finding of discrimination, the CRC will take appropriate action to correct the

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discriminatory practice. The CRC will notify the person filing the grievance of the outcome of the investigation within 30 days of the complaint filing, absent extenuating circumstances. Depending upon the circumstances involved, there may be reasons to extend this time line.

Appeal/Investigation Outcome

The person filing the grievance may appeal the decision of the CRC by writing to the Health Officer within 15 days of receiving the CRC decision. The Health Officer shall issue a written decision to the appeal no later than 30 days after its filing, absent extenuating circumstances. If the complainant is dissatisfied with the determination, the CRC will refer the complainant to the appropriate federal agency.

Non-Retaliation Policy

If you file a complaint, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing the complaint. This protection against retaliation also protects anyone who gives information about the complaint on your behalf. If you experience retaliation, report it right away to the CRC.

Federal Enforcement Agencies

In accordance with federal laws, you may also file a complaint with the following agencies:

U.S. Department of Justice

You can file an Americans with Disabilities Act complaint alleging disability discrimination.

For more information, contact:

US Department of Justice

950 Pennsylvania Avenue, NW

Civil Rights Division

Disability Rights Section – 1425 NYAV

Washington, D.C. 20530

Voice Phone: (202) 307-0663

Fax: (202) 307-1197

<http://www.justice.gov/crt/complaint/#two>

U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR)

The OCR carries out federal laws that protect you from discrimination in human services programs receiving federal funds from HHS. You have 180 days after the alleged discrimination has occurred to file a complaint. **For more information, contact:**

U.S. Department of Health and Human Services

Sam Nunn Atlanta Federal Center, Suite 16T70

61 Forsyth Street, S.W.

Atlanta, GA 30303-8909

Voice Phone (404)562-7886

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FAX (404)562-7881

TDD (404)331-2867

<http://www.hhs.gov/ocr/civilrights>

U.S. Department of Agriculture (USDA) – Food and Nutrition Service (FNS)

If you believe you were discriminated against in receiving food support services, **you have 180 days after the alleged discrimination has occurred to file a complaint.** For more information, contact:

USDA-Food and Nutrition Service

Civil Rights Office

61 Forsyth St., S.W. Room 8T36

Atlanta, GA 30303 **Information Privacy Protection**

MCHD/FH employees and agents (including its contractors) may, on occasion, as part of job-related responsibilities, obtain, use, or disclose private or confidential data, including protected health information (referred to below, collectively, as “protected information”).

Duty to Ensure Proper Handling of Data

MCHD/FH and its contractors are responsible for training employees who are authorized to access and use data collected. This responsibility includes ensuring that staff is properly trained regarding:

- The Health Insurance Portability and Accountability Act (HIPAA) -The Privacy Rule, Volume V: Information Management Section 1, Policy 2.
- Any other applicable state and federal statutes, rules, and regulations affecting the collection, storage, use, and dissemination of private or confidential information.

Minimum Necessary Access to Data

MCHD/FH and its contractors shall comply with the “minimum necessary” access and disclosure standards set forth in the HIPAA-The Privacy Rule. The minimum necessary standard requires that a covered entity limit who within the entity has access to protected health information, based on who needs access to perform their job duties.

MCHD/FH and its contractors shall:

- Not use or further disclose the information other than as permitted or required by law.
- Use appropriate safeguards to prevent improper use or disclosure of the information by its employees and contractors.
- Appropriately respond to any known improper use or disclosure of protected information.
- Ensure that any agents, analysts, and others to whom it provides private or confidential data, agree to be bound by the same restrictions and conditions that apply to them with respect to such information.
- At termination of any contract, extend the protections of the contract to the information collected during the course of the contract.

MCHD/FH Civil Rights Plan Administration

MCHD/FH Staff Training

MCHD/FH will distribute the MCHD Civil Rights Plan and provide periodic training so that MCHD/FH employees and staff with ongoing client contact understand their responsibilities and obligations under pertinent civil rights laws and regulations. Training will include information on the following topics:

- The substance of MCHD/FH Civil Rights Plan; and
- Civil rights contact information.

Sub-recipient Compliance Obligations

To satisfy HHS and USDA civil rights compliance obligations, sub-recipients must do the following within a reasonable period after appropriate notification by MCHD/FH:

- Develop and disseminate (internally and externally) a written equal opportunity policy that addresses service delivery.
- Develop and disseminate (internally and externally) a policy and procedure for receiving, investigating, and resolving discrimination complaints related to service delivery.
- Sign and return the Civil Rights Assurance of Compliance, which confirms the entity's commitment to comply with applicable civil rights laws, regulations, and Civil Rights Plan guidelines. MCHD/FH will supply the Civil Rights Assurance of Compliance form and maintain program data on race and ethnicity.

Data Collection and Record Keeping

MCHD/FH must maintain program data on race and ethnicity on potentially eligible populations, applicants, and participants. The information requested from clients is in response to HHS and USDA data collection requirements. The categories of racial data that the federal government requires MCHD/FH to maintain is data on American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, and White. Ethnicity refers to whether the individual is of Hispanic or Latino origin. Racial and ethnic data collected must identify the total actual number of individuals among these groups, not estimates.

Clients are asked to self-disclose their race and ethnicity, and clients should be notified that they have the right to refuse to provide this information.

Monitoring

MCHD/FH recognizes its responsibility to maintain compliance and to ensure all sub-recipients providing services under MCHD/FH programs and activities are also compliant. MCHD/FH will assist sub-recipients in achieving their compliance obligations by:

- Conducting periodic compliance reviews where necessary of service providers' policies, procedures, and operations to determine compliance status.

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- Reviews may also be conducted under circumstances where discrimination is alleged or suspected.

MCHD/FH is required to document compliance reviews, keep reports of the requested information, and monitor compliance of its own facilities and sub-recipients. It must submit reports to HHS/OCR and USDA/FNS on an “as needed” basis for the purpose of determining recipient and/or sub-recipient compliance status and permit HHS/OCR and USDA access to facilities, records, and other information.

Civil Rights Plan Distribution and Public Posting

Once approved, the civil rights plan will be:

- Accessible to all MCHD/FH staff via posting on the MCHD intranet; and
- Accessible to the public via the MCHD public web site and available via hard copy, upon request.

Limited English Proficiency (LEP) Plan

Under Title VI of the Civil Rights Act of 1964, and Section 1557 of the Affordable Care Act, it is unlawful for MCHD/FH to discriminate on the basis of national origin, which includes an individual’s native language. MCHD/FH is committed to providing applicants, clients, and members of the public with meaningful access to programs and services, though they may be limited in their English language proficiency. MCHD/FH will provide for effective communication between clients with limited English proficiency (LEP) and MCHD/FH staff by making appropriate language assistance services available when clients need these services in a timely manner and at no cost to the client.

Americans with Disabilities Act Compliance

MCHD/FH is committed to ensuring equal access to human services for individuals with disabilities. Title II of the Americans with Disabilities Act of 1990 (ADA) protects “qualified individuals with disabilities” from discrimination because of disability in receiving state and local government benefits. Title II extends the discrimination prohibition of federally assisted programs in Section 504 of the Rehabilitation Act of 1973 to all services, programs, or activities of state and local governments, regardless of whether they receive federal assistance.

MCHD/FH’s compliance with the ADA is maintained by its CRC. The work involves investigating discrimination complaints, providing auxiliary aids and services, and modifying policies and procedures to ensure program access to applicants and clients with disabilities. MCHD/FH is required to provide such individuals with these reasonable accommodations unless the result would fundamentally alter the nature of its business or otherwise cause an undue burden.

Appendix

Summary of Civil Rights Laws

Federal authorities

Title VI of the Civil Rights Act of 1964

Title VI of the Civil Rights Act of 1964 is a federal law that protects eligible people from discrimination based on their race, color, or national origin in programs and activities that receive federal financial assistance.

Statutory citation: 42 U.S.C. 2000, et seq.

Regulatory citation: 45 CFR Part 80

<http://www.hhs.gov/ocr/civilrights/resources/laws/index.html>

Section 504 of the Rehabilitation Act of 1973

Section 504 of the Rehabilitation Act is a federal law that protects **qualified individuals with disabilities from discrimination based solely on their disability.**

Statutory citation: 29 U.S.C. 794

Regulatory citation: 45 CFR Part 84

<http://www.hhs.gov/ocr/civilrights/resources/laws/index.html>

Section 1557 Affordable Care Act

Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in health programs or activities that receive Federal financial assistance or are administered by an Executive agency or any entity established under Title 1 of the ACA.

Americans with Disabilities Act of 1990, Title II

Title II of the Americans with Disabilities Act is a federal law that protects qualified individuals with disabilities from **discrimination on the basis of their disability when the discrimination occurs in state/local government services.** This law extends to **ALL activities of the state and local governments,** including those that do not receive federal financial assistance.

Statutory citation: 42 U.S.C. 12131

Regulatory citation: 28 CFR Part 35

<http://www.hhs.gov/ocr/civilrights/resources/laws/index.html>

Title II Technical Assistance Manual (1993)

The Technical Assistance Manual addresses the requirements of Title II as they apply to the operations of state and local governments. Regulatory citation: 28 CFR Part 35.102-35.104

<http://www.ada.gov/taman2.html>.

Age Discrimination Act of 1975

The Age Discrimination Act is a federal law that protects people from discrimination based on their age in programs/activities that receive federal financial assistance.

Statutory citation: 42 U.S.C. 6101

Mobile County Health Department

Policies and Procedures Manual

Volume VII: Patient Rights and Organization Ethics

Section II, Policy No. 3 (Originated 2/22/17)

Regulatory citation: 45 CFR Part 91

<http://www.hhs.gov/ocr/civilrights/resources/laws/index.html>

Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency (LEP) The executive order requires federal agencies to ensure that recipients of federal financial assistance provide meaningful access to their LEP applicants and clients.

<http://www.usdoj.gov/crt/cor/13166.htm>.

Nondiscrimination Compliance Requirements in the Food Stamp Program, Food and Nutrition Services, U.S. Department of Agriculture

Regulatory citation: 7 CFR Part 272.6

<http://www.gpo.gov/fdsys/pkg/FR-2011-05-12/pdf/2011-11419.pdf>

FNS Instruction 113-1, Civil Rights Compliance and Enforcement – Nutrition Programs and Activities, Food and Nutrition Service, U.S. Department of Agriculture

<http://www.fns.usda.gov/cr/Documents/113-1.pdf>

Resources

Federal

U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR):

www.hhs.gov/ocr

HHS/OCR Disability Policy Guidance in the TANF Program:

<http://www.hhs.gov/ocr/civilrights/resources/specialtopics/tanf/summaryofpolicyguidancetanf.html>

HHS/OCR Limited English Proficiency Guidance:

<http://www.hhs.gov/ocr/civilrights/resources/specialtopics/origin/index.html>

U.S. Department of Agriculture Food and Nutrition Service Instruction on Civil Rights Compliance in the Food Stamps Program: www.fns.usda.gov/cr/Documents/113-1.pdf

Information and Technical Assistance on the Americans with Disabilities Act: www.ada.gov

Federal Interagency Web Site on Limited English Proficiency: www.LEP.gov



**MOBILE COUNTY HEALTH DEPARTMENT
Civil Rights Coordinator (CRC)
Civil Rights Discrimination Complaint**

| | | |
|--|--|----------------------------------|
| First name | Middle Initial | Last name |
| Home phone (including area code) | Work phone (including area code) | Cell phone (including area code) |
| Street address | | |
| City | State | ZIP |
| E-mail address | | |
| Are you filing this complaint for someone else? <input type="checkbox"/> YES <input type="checkbox"/> NO | If yes, whose civil rights do you believe were violated? First name: _____ Last name: _____ | |
| I believe that I have been (or someone else has been) discriminated against on the basis of <input type="checkbox"/> RACE/COLOR/NATIONAL ORIGIN <input type="checkbox"/> AGE <input type="checkbox"/> RELIGION <input type="checkbox"/> SEX <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (SPECIFY): _____ | | |
| Who or what agency or organization do you believe discriminated against you (or someone else)? PERSON/AGENCY/ORGANIZATION | | |
| Street address | | |
| City | State | ZIP |
| Phone (including area code) | When do you believe that the civil rights discrimination occurred? Please list date(s). | |
| Describe briefly what happened. How and why do you believe that you have been (or someone else has been) discriminated against? Please be as specific as possible. (Attach additional pages as needed) | | |
| Please sign and date this complaint. | | |
| Signature | | Date (MM/DD/YYYY) |
| <p>Filing a complaint with MCHD CRC is voluntary. However, without the information requested above, MCHD CRC may be unable to proceed with your complaint. We collect this information under authority of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Section 1557 of the Affordable Care Act and other civil rights statutes. We will use the information you provide to determine if we have jurisdiction and, if so, how we will process your complaint. Information submitted on this form is treated confidentially and is protected under the provisions of the Privacy Act of 1974. Names or other identifying information about individuals are disclosed when it is necessary for investigation of possible discrimination, for internal systems operations, or for routine uses, which include disclosure of information outside MCHD for purposes associated with civil rights compliance and as permitted by law. It is illegal for a recipient of federal financial assistance from HHS to intimidate, threaten, coerce, or discriminate or retaliate against you for filing this complaint or for taking any other action to enforce your rights under federal civil rights laws. You are not required to use this form. You also may write a letter or submit a complaint electronically with the same information. To submit an electronic complaint, email form to cr@mchd.org. To mail a complaint, fill out form and mail to MCHD CRC, 251 N. Bayou St., P. O. Box 2867, Mobile, AL 36652-2867.</p> | | |