MEDICAL ASSOCIATES OF THE SHOALS, P.C. 1120 S. Jackson Highway, Suite 300 Sheffield, Alabama 35660 (256) 383-4447	**EXPRESS CARE - CLOVERDALE ROAD** **MEDICAL ASSOCIATES - CLOVERDALE ROAD** 2735 Cloverdale Road Florence, Alabama 35633 (256) 415-4005
EXPRESS CARE OF THE SHOALS 1106 N. Cave Street Tuscumbia, Alabama 35674 (256) 386-7774	**MEDICAL ASSOCIATES - GREENHILL** 351 AL Highway 64 Killen, Alabama 35654 (256) 272-8066

Notice of Nondiscrimination

Medical Associates of the Shoals, PC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Medical Associates of the Shoals, PC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Medical Associates of the Shoals, PC:

- 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 the Civil Rights Coordinator, using the contact information below.

If you believe that Medical Associates of the Shoals, PC 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, 1120 S. Jackson Highway, Suite 300, Sheffield, Alabama 35660, Telephone number 256-383-4447 Ext 134, Fax 256-383-9643**. You can file a grievance in person, by mail, fax, or email. If you need help filing a grievance the 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, 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

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Section 1557 of the Patient Protection and Affordable Care Act of 2010, and Regulations of the U.S. Department of Health and Human Services issued pursuant to the Acts, Title 45 Code of Federal Regulations Part 80, 84, and 91.

ATTENTION: If you speak any of the languages listed, language assistance services, free of charge, are available to you. Call 256-383-4447.	**Korean** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 256-383-4447. 번으로 전화해 주십시오.
Arabic ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم هاتف الصم والبكم 256-383-4447.	**Lao** ອ ຖ ້າໃ ້ ບ ່ ห ່ ານສາມາດ ,ຖ ້ າห ່ ານໃ ້ ພ ້ າສ ້ ານ :ຮ ້ ອ ງ 256-383-4447 :ໃห . ການ ້ ານພ ້ າສ ້ ານ ้ ้ ้