

## **Notice Informing Our Patients of Nondiscrimination**

### **Discrimination is Against the Law Affordable Care Act: Section 1557 Notice**

Charlottesville Radiology, Ltd. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, sexual orientation, gender identity, veteran status, or any other characteristic protected by law. **Charlottesville Radiology, Ltd.** does not exclude people or treat them differently because of race, color, religion, sex, age, national origin, disability, sexual orientation, gender identity, veteran status, or any other characteristic protected by law.

#### **Charlottesville Radiology, Ltd.:**

- 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 any of these services, contact Christine C. Jargowsky, Administrator.**

If you believe that **Charlottesville Radiology, Ltd.** has failed to provide these services or discriminated in another way on the basis of race, color, religion, sex, age, national origin, disability, sexual orientation, gender identity, veteran status, or any other characteristic protected by law, you can file a grievance with:

**Christine C. Jargowsky, Practice Administrator  
Charlottesville Radiology, Ltd.  
500 Martha Jefferson Drive  
Charlottesville, VA 22911**

**1-(434) 654-7114  
CJargowsky@crlsurgical.com**

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, **Christine C. Jargowsky** 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>.

**ATTENTION: Language assistance services are also available to you free of charge.  
If you need language assistance services - call 1- (434) 654-7114.**

**Limited English Proficiency**

**Spanish**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-434-654-7114

**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 \_1-434-654-7114

**Vietnamese**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-434-654-7114

**Korean**

주의: 한국어를 \_사용하시는 \_경우, 언어 \_지원 \_서비스를 \_무료로 \_이용하실 \_수 \_있습니다. 1-434-654-7114

**French**

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-434-654-7114

**Arabic**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل بر 1-434-654-7114

**Hmong**

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-434-654-7114

**Russian**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-434-654-7114

**Tagalog**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-434-654-7114

**Gujarati**

યુન: જો તમે જરાતી બોલતા હો, તો િન:હુ ભાષા સહાય સેવાઓ તમારા માટ ઉપલબ્ધ છ. ફોન કરો 1-434-654-7114

**Cambodian**

ល្អប្រយោជន៍: បើអ្នកនិយាយ ខ្មែរ, សេវាជំនួយភាសា ឥតគិតថ្លៃ

គំនិតសំបាប់អេមក។ ចូរ ទូរស័ព្ទ 1-434-654-7114

**German**

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-434-654-7114

**Hindi**

ध्यान द: यद आप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1-434-654-7114 पर कॉल कर।

**Lao**

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-434-654-7114

**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。1-434-654-7114

## Affordable Care Act Grievance Procedure

It is the policy of **Charlottesville Radiology, Ltd.** not to discriminate on the basis of race, color, religion, sex, age, national origin, disability, sexual orientation, gender identity, veteran status, or any other characteristic protected by law. **Charlottesville Radiology, Ltd.** has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (*42 U.S.C. 18116*) and its implementing regulations at 45 CFR Part 92, issued by the U.S. Department of Health and Human Services.

Section 1557 prohibits discrimination on the basis of race, color, religion, sex, age, national origin, disability, sexual orientation, gender identity, veteran status, or any other characteristic protected by law in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of **Christine C. Jargowsky, Practice Administrator**, 500 Martha Jefferson Drive, Charlottesville, VA 22911, (434) 654-7114, [CJargowsky@crlsurgical.com](mailto:CJargowsky@crlsurgical.com), who has been designated as the **Section 1557 Coordinator** to coordinate the efforts of **Charlottesville Radiology, Ltd.** to comply with Section 1557 of the Affordable Care Act (*42 U.S.C. 18116*).

Any person who believes someone has been subjected to discrimination on the basis of race, color, religion, sex, age, national origin, disability, sexual orientation, gender identity, veteran status, or any other characteristic protected by law may file a grievance under this procedure. It is against the law for **Charlottesville Radiology, Ltd.** to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

Procedure to follow to report a formal Grievance:

- Grievances must be submitted to **Christine C. Jargowsky**, the **Section 1557 Coordinator**, within (60 days) of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The **Section 1557 Coordinator** (or her designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. **Christine C. Jargowsky**, the **Section 1557 Coordinator**, will maintain the files and records of **Charlottesville Radiology, Ltd.** relating to such grievances. To the extent possible, and in accordance with applicable law, the **Section 1557 Coordinator** will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- **Christine C. Jargowsky, Practice Administrator and the Section 1557 Coordinator**, will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.
- The person filing the grievance may appeal the decision of the **Section 1557 Coordinator** by writing to the **Chairman of the Board of Directors for Charlottesville Radiology, Ltd., PLC** within 15 days of receiving the **Section 1557 Coordinator's** decision. The **Board of Directors for**

**Charlottesville Radiology, Ltd., PLC** shall issue a written decision in response to the appeal no later than 30 days after its filing.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, religion, sex, age, national origin, disability, sexual orientation, gender identity, veteran status, or any other characteristic protected by law in court or with the U.S. Department of Health and Human Services, Office for Civil Rights.

A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is 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

1-800-368-1019, 800-537-7697 (TDD)

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

**NOTE:** Such complaints must be filed within 180 days of the date of the alleged discrimination.