

Notice of Nondiscrimination

The mission of CHI St. Gabriel's Health is to nurture the healing ministry of the church, supported by education and research. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we create healthier communities. CHI St. Gabriel's Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CHI St. Gabriel's Health provides free aides and services to people with disabilities to communicate effectively with us, including qualified sign language interpreters and written information in other formats: large print, audio, accessible electronic mats, other formats. CHI St. Gabriel's Health provides free language services to people whose primary language is not English, including interpreter services

and information written in other languages. If you require these services, please contact the Manager of Quality at (320) 631-5630.

If you believe that CHI St. Gabriel's Health has failed to provide these services, violated your rights, or discriminated in any other way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Patient Advocate in person, by mail, phone, or fax. Mail: Patient Advocate, 815 SE 2nd Street, Little Falls, MN 56345, Phone: (320) 631-5630, Fax: (320) 631-5680.

You may also have the right to file a complaint with the Minnesota Department of Health (MDH) and/or The Joint Commission (TJC). The Patient Bill of Rights identifies a mailing address and telephone number for both MDH and TJC. 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, 1-800-368-1019, 800-537-7697 (TDD).

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

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (320) 631-5620.

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (320) 631-5620.

Cushite - Oromo: XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa (320) 631-5620.

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (320) 631-5620.

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 (320) 631-5620。

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (320) 631-5620.

Laotian: ໂປດຊາບ: ຖ້າ ວ່າ ທ່ານ ເວົ້າພາສາ ລາວ, ການບໍລິການ ຊ່ວຍ ເຫຼືອ ດ້ານພາສາ, ໂດຍບໍ່ ເສັຽ ຄ່າ, ເພື່ອນ ພ້ອມ ໃຫ້ ທ່ານ. ໂທ (320) 631-5620.

Amharic: ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚክተለው ቁጥር ይደውሉ (320) 631-5620.

Karen: ymol.ymo;=erh>uwdRAunDAusdmtCdAusdmt w>rRpXRvXAwvXmbl.vXmphRAeDwrHRb. ohM. vDRIAud; (320) 631-5620.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: (320) 631-5620.

Mgn-Khmer, Cambodian: របៀបគួរ ៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ បើសិនជាអ្នកនិយាយភាសាខ្មែរ បើសិនជាអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ (320) 631-5620។

Arabic: (320) 631-5620 اتصل برقم إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. ملحوظة

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (320) 631-5620.

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (320) 631-5620.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (320) 631-5620.