

NONDISCRIMINATION NOTICE

Discrimination is against the law. Stanislaus County Behavioral Health and Recovery Services (BHRS) (hereinafter referred to as the Plan) follows Federal civil rights laws. The Plan does not discriminate, exclude people, or treat them differently because of race, color, national origin, age, disability, or sex.

The Plan provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- 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 Plan 24 hours a day, 7 days a week by calling 1-888-376-6246. Or, if you cannot hear or speak well, please call 711.

HOW TO FILE A GRIEVANCE

If you believe that the Plan 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 the Plan. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact Stanislaus County BHRS Monday through Friday, 8am to 5pm PST, excluding holidays, by calling 1-888-376-6246. Or, if you cannot hear or speak well, please call 711.
- **In writing:** Fill out a grievance form, or write a letter and send it to:

Attn: Admin. Clerk III-Q.S.
Stanislaus County
Behavioral Health and Recovery Services
800 Scenic Dr., Bldg.4/ Quality Services
Modesto, CA 95350

- **In person:** Visit your provider's office or Stanislaus County BHRS Patient's Rights and say you want to file a grievance.

OFFICE OF CIVIL RIGHTS

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- **By phone:** Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.
- **In writing:** Fill out a complaint form or send a letter to:

**U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201**

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

- **Electronically:** Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.