

Important Notice

Discrimination is Against the Law

Torrance Health Association complies with the applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Torrance Health Association does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Torrance Health Association:

- 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 Ingrid Cobb, Assistant General Counsel, 3330 Lomita Blvd., Torrance, CA 90505, (310) 325-9110, TTY 800-643-2255 (Client ID 201142), 310-784-4801, ingrid.cobb@tmmc.com.

If you believe that Torrance Health Association 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 Ingrid Cobb, Assistant General Counsel, 3330 Lomita Blvd., Torrance, CA 90505, (310) 325-9110, TTY 800-643-2255 (Client ID 201142), 310-784-4801, ingrid.cobb@tmmc.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Ingrid Cobb, Assistant General Counsel 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 of 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>.

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-643-2255 (TTY: 1-800-643-2255) Client ID 201142.

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 1-800-643-2255 (TTY: : 1-800-643-2255) Client ID 201142.

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-643-2255 (TTY: : 1-800-643-2255) Client ID 201142.

Filipino

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-643-2255 (TTY: 1-800-643-2255) Client ID 201142.

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-643-2255 (TTY: 1-800-643-2255) Client ID 201142 번으로 전화해 주십시오.

Armenian

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ձանգահարեք 1-800-643-2255 (TTY: (հեռատիպ)՝ 1-800-642-2255) Client ID 201142

Persian

ن آغیاری ترو صرب ین ابز تالی هست ، دینک یم و گتفنگ یراف ن ابز هب ر گا : ت وچه
به رای شما
ف راهم می باشد. با (TTY: 1-800-642- 5522) . دیری گب سامت 1-800-642-2255
Client ID 201142

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам

доступны бесплатные услуги перевода. Звоните 1-800-643-2255 (телетайп: 1-800-643-2255) Client ID 201142.

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。1-800-643-2255 (TTY:1-800-643-2255) まで、お電話にてご連絡ください。 Client ID 201142

Arabic

بالمجان لك توافر ال لغويتم لحوظة: إذا كنت ت تحدث اذكر ال لغة، ف إن خدمات المساعدة
ان وصل

Client ID.(5522-346-008-- 5522 - رقم هاتف رقم) 1-346-008-1 وال بكم ال صم هاتف رقم) Client ID 201142

Punjabi

ਧਿਆਨ ਿਦਓ :ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ
ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-643-2255 (TTY:-1-800-643-2255) 'ਤੇ ਕਾਲ
ਕਰੋ। Client ID 201142

Mon-Khmer Cambodian

ប្រយោជន៍: របើសិនជាកម្ពុជាភាសា ភាសាខ្មែរ, សេវាជំនួយកម្ពុជាភាសា ខ្មែរមិនគិតលុយ គឺមានសេវាបំប៉នសេវាកម្ម។ ចូរ

ទូរស័ព្ទ 1-800-643-2255 (TTY: 1-800-643-2255) ។ Client ID 201142

Hmong

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus,
muaj kev pab dawb rau koj. Hu rau 1-800-643-2255 (TTY: 1-800-643-2255). Client ID 201142

Hindi

ध्यान दः यद आप हदं बोलते ह तो आपके िलए मफु त म भाषा सहायता
सेवाएं उपलब्ध ह। 1-800-643-2255 (TTY: 1-800-643-2255) पर कॉल कर।

Client ID 201142

Thai

เรียน :ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี 1-800-643-2255 TTY:800-643-2255 Client ID 201142