



NOTICE

Your Rights under Section 1557 of the Affordable Care Act

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

Advocate Sherman Hospital provides language assistance and services at no cost to patients/family members/companions with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters; and
- Information provided in other formats (large print, audio, electronic formats, and others).

The hospital also provides language assistance and services as no cost to patients/family members/companions whose primary language is not English, such as:

- Qualified interpreters; and
- Information written in other languages.

If you need these services, contact the Language Services Department at: 224.783.2300. After 4:30 p.m. or weekends/holidays, dial 224.783.4522. Relay Service: 711.

If you believe that Advocate Sherman Hospital has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you may file a grievance with the Patient Experience Department, 1425 Randall Road, Elgin, IL 60123; Telephone Number: 224.783.1339; and TTY/Relay Number: 711. After 4:30 p.m. or weekends/holidays, please dial 224.783.6310. You may file a grievance in person or by mail. If you need help filing a grievance, a Patient Experience Representative is available to help you.

You may 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 <http://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, 1-800-868-1019, 800-537-7697 (TDD). Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>.