

Public Nondiscrimination and Accessibility Notice

As a recipient of Federal financial assistance, Indian Health Center of Santa Clara Valley (IHCSCV):

- Does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, religion, color, ethnicity, national origin, ancestry, sex, age, marital status, physical or mental disability, medical condition, pregnancy, childbirth, breastfeeding, veteran status, sexual orientation, gender, gender identity, gender expression, sexual orientation, genetic information, or any other factor determined to be unlawful by federal, state, or local statutes, in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, and in staff and employee assignments to patients, whether carried out by IHCSCV directly or through a contractor or any other entity with which IHCSCV arranges to carry out its programs and activities.
- Provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified sign language interpreters; and (2) 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: (1) qualified interpreters; and (2) information written in other languages.

If you need these services, inquire with any member of IHCSCV's clinic staff.

If you believe that IHCSCV has failed to provide these services or discriminated in another way on the bases listed above, you can file a grievance with:

IHCSCV Civil Rights Coordinator
1333 Meridian Avenue
San Jose, CA 95125
Phone: 408-445-3400
Fax: 408-269-9273

You can file a grievance in person or by mail, or fax. If you need help filing a grievance, IHCSCV staff are 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>.

This notice is in accordance with the provisions of Title VI of the Civil Rights Act of 1964 (nondiscrimination on the basis of race, color, national origin), Section 504 of the Rehabilitation Act of 1973 (nondiscrimination on the basis of disability), and The Age Discrimination Act of 1975 (nondiscrimination on the basis of age). Regulations of the U.S. Department of Health and Human Services issued pursuant to these three statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91. Additionally, this notice is in accordance with Section 1557 of the Patient Protection and Affordable Care Act of 2010, 42 U.S.C. § 18116.