

Nondiscrimination Policy

As a recipient of Federal financial assistance, ProgressiveHealth Rehabilitation Solutions, Inc. (“ProgressiveHealth”) does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, national origin, disability, age, sex, or creed 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 ProgressiveHealth directly or through a contractor or any other entity with which ProgressiveHealth arranges to carry out its programs and activities.

This statement 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), Section 1557 of the Patient Protection and Affordable Care Act (nondiscrimination on the basis of race, color, national origin, age, disability, or sex), 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, and state laws or corporate policies, etc.

ProgressiveHealth:

- Provides free aids and services to people with disabilities to communicate effectively with us.
- Provides free language services to people whose primary language is not English.

If you need these services, contact the Compliance Officer.

If you believe that ProgressiveHealth has failed to provide these services or has engaged in discrimination, you can file a grievance in person or by mail, fax, or email.

Compliance Officer

Address: 150 N. Rosenberger Avenue, Evansville, IN 47712

Telephone Number: 1-812-491-3856, ext.238

Fax Number: 866-907-8087

Email Address: rrhymer@phrehab.com

TDD or State Relay number: 7-1-1

If you need help filing a grievance, ProgressiveHealth’s Compliance Officer 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 for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or telephone 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; 1-800-537-7697 (TDD)

Language Assistance Services

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-812-491-3856 ext. 238 (TTY: 7-1-1)

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-812-491-3856 ext. 238 (TTY: 7-1-1)

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-812-491-3856 ext. 238 (TTY: 7-1-1)번으로 전화해 주십시오.

繁體中文 (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1-812-491-3856 ext. 238 (TTY: 7-1-1)

ગુજરાતી (Gujarati) સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-812-491-3856 ext. 238 (TTY: 7-1-1).

Français (French) ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-812-491-3856 ext. 238 (TTY: 7-1-1).

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-812-491-3856 ext. 238 (TTY: 7-1-1)

हिंदी (Hindi) न दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-812-491-3856 ext. 238 (TTY: 7-1-1) पर कॉल करें।

Kreyòl Ayisyen (French Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-812-491-3856 ext. 238 (TTY: 7-1-1)

Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-812-491-3856 ext. 238 (телетайп: 7-1-1).

عربي (Arabic) اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 812-491-3856, ext. 238 (TTY: 7-1-1) (رقم هاتف الصم والبكم (812-491-3856, ext. 238 (TTY: 7-1-1) ملحوظة: إذا كنت تتحدث

Português (Portuguese) ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-812-491-3856 ext. 238 (TTY: 7-1-1).

فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با تماس بگیرد. 1-812-491-3856 ext. 238 (TTY: 7-1-1)

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-812-491-3856 ext. 238 (TTY: 7-1-1).

日本語 (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。1-812-491-3856 ext. 238 (TTY: 7-1-1)まで、お電話にてご連絡ください。