



Language Assistance Services

English:

Language assistance services, auxiliary aids and services, larger font, oral translation, and other alternative formats are available to you at no cost. To obtain this, please call Member Services at the number on the back of your ID card.

Español (Spanish):

Los servicios de asistencia lingüística, ayudas y servicios auxiliares, letra más grande, traducción oral y otros formatos alternativos están a su disposición gratuitamente. Para obtenerlos, llame a los Servicios al Miembro al número que aparece en el reverso de su tarjeta de identificación.

Kreyòl (French Creole):

Sèvis èd lengwistik, èd ak sèvis oksilyè, tèks ki pi gwo, tradiksyon oral ak lòt fòma altènatif disponib pou w gratis ti cheri. Pou resevwa youn nan èd sa yo, tanpri rele Sèvis pou Manm yo sou nimewo ki endike sou do kat idantite ou a.

Tiếng Việt (Vietnamese):

Các dịch vụ hỗ trợ ngôn ngữ, dịch vụ và trợ giúp bổ sung, phông chữ lớn hơn, bản dịch âm thanh và các định dạng thay thế khác đều được cung cấp miễn phí cho quý vị. Để nhận những dịch vụ này, vui lòng gọi đến Dịch Vụ Hội Viên theo số điện thoại ở mặt sau thẻ ID của quý vị.

Português (Portuguese):

Serviços de assistência linguística, recursos de apoio, ampliação de fonte, tradução oral e outros formatos alternativos estão disponíveis para você, sem custo. Para solicitá-los, entre em contato com o Serviço de Atendimento ao Membro, pelo número localizado no verso do seu cartão de identificação.

中文 (Chinese):

您可免☐享受☐言☐助服☐、☐助☐☐及服☐、更大字体、口☐及其他替代格式。如需☐取☐些服☐，☐☐打您身份卡背面的☐☐号☐致☐会☐服☐部。

Français (French):

Des services d'aide linguistique, des aides et services auxiliaires, des documents en gros caractères, des services de traduction orale et d'autres formats alternatifs sont offerts gratuitement. Pour en bénéficier, veuillez communiquer avec les Services aux membres au numéro indiqué au verso de votre carte d'identité.

Tagalog:

Ang mga serbisyo ng tulong sa wika, mga auxiliary aid at serbisyo, mas malaking font, oral na pagsasalin, at iba pang mga alternatibong format ay magagamit mo nang walang bayad. Para makuha ito, mangyaring tawagan ang Mga Serbisyo sa Miyembro sa numero sa likod ng iyong ID card.



Language Assistance Services

Русский язык **(Russian):**

Языковая поддержка, вспомогательные средства и услуги, более крупный шрифт, устный перевод и другие альтернативные формы поддержки предоставляются вам бесплатно. Для получения позвоните в Отдел обслуживания клиентов по номеру, указанному на обратной стороне вашей идентификационной карты.

العربية **(Arabic):**

دعم لغوي، أدوات مساعدة وخدمات، خط أكبر، ترجمة شفوية وخدمات بديلة أخرى متوفرة لكم مجاناً. للحصول على هذه الخدمات، يرجى الاتصال بخدمات العملاء بالرقم الموجود على ظهر بطاقة التعريف الخاصة بك.

Italiano **(Italian):**

Servizi di assistenza alla lingua, aiuti e servizi ausiliari, caratteri grandi, traduzione orale e altri formati alternativi sono disponibili gratuitamente. Per usufruirne, si prega di contattare il Servizio Membri al numero che trovate sul retro della vostra carta.

Deutsch **(German):**

Sprachunterstützung, Hilfsmittel und -dienste, größere Schrift, mündliche Übersetzungen und andere alternative Formate stehen Ihnen kostenlos zur Verfügung. Um diese in Anspruch zu nehmen, wenden Sie sich bitte an den Mitgliederservice unter der auf Ihrer Mitgliedskarte angegebenen Telefonnummer.

한국어 **(Korean):**

언어 지원 서비스, 보조 기기 및 서비스, 큰 글씨체, 구두 통역, 기타 대체 형식 등이 무료로 제공됩니다. 해당 서비스를 이용하려면, ID 카드 뒷면에 기재된 번호의 회원 서비스 센터로 전화해 주시기 바랍니다.

Polski **(Polish):**

Usługi wsparcia językowego, dodatkowe pomoce i usługi, dokumenty pisane większą czcionką, tłumaczenie ustne i inne alternatywne formaty dostępne są bez dodatkowych opłat. Aby z nich skorzystać, należy skontaktować się z Działem Obsługi Członków pod numerem podanym na odwrocie Karty Identyfikacyjnej.

ગુજરાતી **(Gujarati):**

તમારા માટે ભાષા સહાય સેવાઓ, સહાયક સહાય અને સેવાઓ, મોટા ફોન્ટ, મૌખિક અનુવાદ અને અન્ય વૈકલ્પિક ફોર્મેટ નિશ્ચયિત ઉપલબ્ધ છે. આ સેવાઓ મેળવવા માટે, કૃપા કરીને તમારા ID કાર્ડની પાછળ આપેલા નંબર પર સભ્ય સેવાઓને કોલ કરો.

ไทย **(Thai):**

บริการช่วยเหลือด้านภาษา เครื่องมือและบริการเสริม เช่น ขนาดตัวอักษรที่ใหญ่ขึ้น การแปลแบบปากเปล่า และรูปแบบทางเลือกอื่น ๆ มีให้บริการโดยไม่มีค่าใช้จ่าย หากต้องการรับบริการเหล่านี้ กรุณาติดต่อฝ่ายบริการสมาชิกตามหมายเลขโทรศัพท์ที่อยู่ด้านหลังบัตรประจำตัวของคุณ



Community Medical Group complies with applicable Federal civil rights laws and does not discriminate, on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). **Community Medical Group** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

Community Medical Group

- 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, please contact us at (786) 377-7777. You may reach us 5 days a week from 7 a.m. to 5 p.m. A messaging system is used after hours, weekends, and on federal holidays.

If you believe that **Community Medical Group** has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:

- **Rodolfo Lazo, Community Medical Group's Compliance Officer**
- **6100 Waterford District Drive, Suite 365, Miami, FL 33126**
- **786.322.7333 x 1342**
- **FAX: 786.472.2518**
- **Rodolfo.Lazo@communitygrp.com**

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our **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 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 <https://www.hhs.gov/ocr/complaints/index.html>.

This notice is available at **Community Medical Group's** website: www.communitymedicalgroup.com