

Houston Methodist Notice of Nondiscrimination

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

Houston Methodist:

- 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 the hospital's patient liaison, whose contact information appears below.

If you believe that Houston Methodist has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, a patient liaison is available at each Houston Methodist facility to assist you in filing a grievance:

Houston Methodist Hospital – Texas Medical Center

713.441.4100

After hours, weekends, and holidays, dial 713.441.2201

Houston Methodist Baytown Hospital

281.420.8825

Houston Methodist Clear Lake Hospital

281.333.8877

After hours, weekends, and holidays, dial 281.333.8896

Houston Methodist Sugar Land Hospital

281.274.7806

Houston Methodist West Hospital & Houston Methodist Continuing Care Hospital

832.522.3333

Houston Methodist Willowbrook Hospital

281.737.1963

Houston Methodist Specialty Physician Group & Houston Methodist Primary Care Group

713.441.4100

After hours, weekends, and holidays, dial 713.441.2201

If your issue continues to be unresolved, you may also notify the Texas Department of State Health Services at P.O. Box 14937, Austin, TX 78714-9347, by email at customer.service@dshs.state.tx.us or by calling the Complaint Hotline at 888.973.0022.

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, DC 20201, 1-800-368-1019, 800.537.7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Spanish:

Por favor indique su idioma para proveerle un intérprete gratuitamente.

Arabic:

يرجى الإشارة إلى اللغة التي تتكلمها وسوف يتم توفير الترجمة الفورية لكم وبدون مقابل.

French:

Si vous plait indiquer votre langue afin que nous puissions fournir un interprete pour vous. Le service est gratuit.

Russian:

Пожалуйста скажите на каком языке вы разговариваете и мы вам предоставим переводчика бесплатно.

Vietnamese:

Xin vui lòng cho biết ngôn ngữ của quý vị để chúng tôi sắp xếp một thông dịch viên hoàn toàn miễn phí cho quý vị.

Chinese Mandarin:

请告知您使用的语言，我们会为您提供免费翻译。

Korean:

어떤 언어를 사용하시는지 알려주시면 무료로 통역을 제공해 드립니다.

Urdu:

ی ک م ترجم آپ ک و ک وئی ی ق یمت پ ر ک ا اہ تمام ک یا جاس ک تاہے ت ا
ک ہ آپ ک ی زب ان ک ی طرف اشارہ ک ری ں

Tagalog:

Mangyari lamang na ipahiwatig ang inyong wika para ang isang tagapagsalin ay maisaayos na walang gastos.

Hindi:

अपनी भाषा से संकेत मिलता है कृपया इतना है मक एक दुभामषया आप के मलए कोई भी कीित पर व्यवस्थित मकया जा सकता है।

Farsi:

لطفاً فرمایید ب چه زبانی صحبت می کنید تا اب دون ه بیچ گون ه هزی نه

اضافی، م ترجم در اخت یار شما ق رار ده یم

Gujarati:

તમારી ભાષામાં સૂચવે કરો કે જેથી એક દુભાષયો તમે કોઇ પણ ખચચ ગોઠવી શકાય છે.

Japanese:

あなたのお話しされる言語をお知らせください。無料にて通訳の手配を致します。

Laotian:

ກະລຸນາບອກພາສາຂອງທ່ານເພື່ອວ່າພວກເຮົາຈະສາມາດຈັດຫາບາງແບບພາສາໃຫ້ທ່ານໄດ້ບໍ່
ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍ"

German:

Bitte geben Sie Ihre Sprache an, so dass ein Dolmetscher kostenlos für Sie arrangiert werden kann.