

Nondiscrimination and Accessibility Notice for Aetna Members

Section 1557 of the Affordable Care Act

Policy

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

Coastal Communities Physician Network:

- Provides aids and services at no cost 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 our customer service department at **(800) 763-7732**.

If you believe that Coastal Communities Physician Network has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

**Attn: Compliance Officer/Privacy Officer
Coastal Communities Physician Network
4570 California Ave, Bakersfield CA 93309**

Phone: (800) 763-7732

Email: custsatis@bfmc.com

You can file a grievance in person or by mail or email.

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, which is 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>.

Nondiscrimination and Accessibility Notice for Aetna Members

Section 1557 of the Affordable Care Act

Such complaints must be filed within 180 days of the date of the alleged discrimination.

Getting Help in Your Language

English

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-866-353-9802 (TTY: 711).

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-353-9802 (TTY: 711).

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 1-866-353-9802 (TTY: 711).

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-353-9802 (TTY: 711).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-353-9802 (TTY: 711)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 1-866-353-9802 (TTY: 711)。

Հայերեն (Armenian)

Ուշադրութեամբ նշելու է թէ խոսքը հայերեն, ապա ձեզ անվճար կ'արձանան տրամադրվել է լեզվակապակցային անվճար ծառայություններ: Ձանգահարեք 1-866-353-9802 (TTY: 711):

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-353-9802 (TTY: 711):.

فارسی (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما

Nondiscrimination and Accessibility Notice for Aetna Members

Section 1557 of the Affordable Care Act

فراهم می باشد. با: 1-866-353-9802 (TTY: 711) تماس بگیرید.

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-xxx-xxx-xxxx] 1-866-353-9802 (TTY: 711)まで、お電話にてご連絡ください。

Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-866-353-9802 (TTY: 711):.

ਪੰਜਾਬੀ (Punjabi)

ਪਿਆਨ ਪਿਉ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਸੀਂ ਆਪਣੀ ਸਹਾਇਤਾ ਮੇਰਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-866-353-9802 (TTY: 711): 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اللغة، فإن خدمات المساعدة اللغوية متوفرة لك بالمجان. اتصل برقم 9802-353-866-1 (رقم هاتف الصم والبكم: (TTY: 711)).

हिंदी (Hindi)

ध्यान द: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-353-9802 (TTY: 711)) पर कॉल करें।

ภาษาไทย (Thai)

เรียน: หากคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-866-353-9802 (TTY: 711).

ខ្មែរ (Cambodian)

អរម្ភិកៈ: បើ អ្នក ប្រើ ភាសា ខ្មែរ ក្នុង ការ ទាក់ ទង ជាមួយ យើង, យើង ផ្តល់ ជំនួយ ភាសា ឥត គិត ថ្លៃ ឲ្យ អ្នក បាន ទាន់ ពេលវេលា ។ តេឡេហ្វូន 1-866-353-9802 (TTY: 711)។

ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-866-353-9802 (TTY: 711)