**ACA Section 1557 Notice Materials from the Texas Medical Association**

These are materials, which you can customize for your practice, to help you comply with the new Section 1557 regulations. To add the appropriate information relative to your practice:

1. Open the document in Microsoft Word.
2. Click on each piece of red text in the document, then type the information requested in the red box that appears above that text. Now click on the next piece of red text, etc…
3. Be sure to complete all of the sections of red text in all three documents.
4. Print and display as instructed in the white paper.

The materials cover:

* Notice Informing Individuals About Nondiscrimination and Accessibility Requirements
* Nondiscrimination Statement for Significant Publications and Significant Communications That Are Small-Sized
* Section 1557 of the Affordable Care Act Grievance Procedure
* Tagline Informing Individuals With Limited English Proficiency of Language Assistance Services

**For additional information, please contact   
the TMA Knowledge Center at (800) 880-7955**

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***Notice Informing Individuals About***

***Nondiscrimination and Accessibility Requirements***

DISCRIMINATION IS AGAINST THE LAW

Click here to enter text. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Click here to enter text. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Click here to enter text.:

* 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 Click here to enter text..

If you believe that Click here to enter text. 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: Click here to enter text., Click here to enter text., Click here to enter text., Click here to enter text., Click here to enter text., Click here to enter text.. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Click here to enter text. 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 Ave. SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).

***Nondiscrimination Statement for Significant Publications and***

***Significant Communications That Are Small-Sized***

Click here to enter text. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

***Section 1557 of the Affordable Care Act Grievance Procedure***

It is the policy of Click here to enter text. not to discriminate on the basis of race, color, national origin, sex, age, or disability. Click here to enter text. has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. 18116) and its implementing regulations at 45 CFR Part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of Click here to enter text., Click here to enter text., Click here to enter text., Click here to enter text., Click here to enter text., Click here to enter text., who has been designated to coordinate the efforts of Click here to enter text. to comply with Section 1557.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age, or disability may file a grievance under this procedure. It is against the law for Click here to enter text. to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

Procedure:

* Grievances must be submitted to the Section 1557 Coordinator within (60 days) of the date the person filing the grievance becomes aware of the alleged discriminatory action.
* A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
* The Section 1557 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 1557 Coordinator will maintain the files and records of Click here to enter text. relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
* The Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of his or her right to pursue further administrative or legal remedies.
* The person filing the grievance may appeal the decision of the Section 1557 Coordinator by writing to the (Administrator/Chief Executive Officer/Board of Directors/etc.) within 15 days of receiving the Section 1557 Coordinator’s decision. The (Administrator/Chief Executive Officer/Board of Directors/etc.) shall issue a written decision in response to the appeal no later than 30 days after its filing.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age, or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination 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 Ave. SW., Room 509F, HHH Building, Washington, DC 20201.

Complaint forms are available at: www.hhs.gov/ocr/office/file/index.html. Such complaints must be filed within 180 days of the date of the alleged discrimination.

Click here to enter text. will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or ensuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.

***Tagline Informing Individuals With Limited English Proficiency***

***of Language Assistance Services***

**Español (Spanish)**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al Click here to enter text. (TTY: Click here to enter text.).

**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 Click here to enter text. (TTY: Click here to enter text.).

**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Click here to enter text. (TTY: Click here to enter text.)。

**한국어 (Korean)**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. Click here to enter text. (TTY: Click here to enter text.) 번으로 전화해 주십시오.

(Arabic) العربية

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغویة تتوافر لك بالمجان. اتصل برقم

.(Click here to enter text. :ھاتف الصم والبكمم ) Click here to enter text.

(Urdu) اُردُو

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال

Click here to enter text. (TTY: Click here to enter text.).کریں

**Tagalog (Tagalog – Filipino)**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa Click here to enter text. (TTY: Click here to enter text.).

**Français (French)**

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le Click here to enter text. (TTY: Click here to enter text.).

**हिंदी (Hindi)**

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। Click here to enter text. (TTY: Click here to enter text.) पर कॉल करें।

(Farsi) فارسی

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

فراهم می باشد. با Click here to enter text. (TTY: Click here to enter text.)تماس بگیرید.

**Deutsch (German)**

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: Click here to enter text. (TTY: Click here to enter text.).

**ગુજરાતી (Gujarati)**

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો Click here to enter text. (TTY: Click here to enter text.).

**Русский (Russian)**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните Click here to enter text. (телетайп: Click here to enter text.).

**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。Click here to enter text. (TTY: Click here to enter text.) まで、お電話にてご連絡ください。

**ພາສາລາວ (Lao)**

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ Click here to enter text. (TTY: Click here to enter text.).