

Our Health Equity Promise

Patient Protection and Affordable Care Act: Section 1557

Our Health Equity Promise applies to AdventHealth's practices and that of:

Any health care professional authorized to enter information into your medical record maintained by an AdventHealth facility, such as doctors, nurses, physician assistants, technologists and others.

All departments and units of AdventHealth facilities, including hospitals, outpatient facilities, physician practices, skilled nursing facilities, home health agencies, hospices, urgent care centers, and emergency departments.

All employees, staff, students, volunteers and other personnel of AdventHealth facilities.

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

AdventHealth 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)

AdventHealth 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 call 800-906-1794/TTY: 407-200-1388.

If you believe AdventHealth 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 or request that someone assist you with filing a grievance by calling 800-906-1794/TTY: 407-200-1388 or emailing us at patientrequest@adventhealth.com.

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 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 hhs.gov/ocr/office/file/index.html.

The statements below direct people whose primary language is not English to translation assistance:

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-906-1794/TTY: 407-200-1388.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-906-1794/TTY: 407-200-1388.

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 800-906-1794/TTY: 407-200-1388。

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-906-1794/TTY: 407-200-1388.

주의: 한국어를 사용하지는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-906-1794/TTY: 407-200-1388.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-906-1794/TTY: 407-200-1388.

ملحوظة: إذا كنت تتحدث اذكري اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-906-1794/TTY: 407-200-1388

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-906-1794/TTY: 407-200-1388

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-906-1794/TTY: 407-200-1388.

Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.Звоните 800-906-1794/TTY: 407-200-1388.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-906-1794/TTY: 407-200-1388.

સચુના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન નં: 800-906-1794/TTY: 407-200-1388.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-906-1794/TTY: 407-200-1388.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 800-906-1794/TTY: 407-200-1388.

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 800-906-1794/TTY: 407-200-1388

توجیه: اگر شما فارسی، خدمات کمک زبان، را یگان صحبت می کنند، در دسترس شما هستند. پاسخ 800-906-1794/TTY: 407-200-1388

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。800-906-1794/TTY: 407-200-1388.

ປັດ ຊາບ : ຖ້າທ່ານ ກຳນົດ ພາສາ ລາວ, ການ ບໍລິການ ຊ່ວຍເຫຼືອ ດ້ານ ພາສາ, ໃດ ຍັງ ເສີມ ຈຳ, ແ ມ່ນ ນີ້ ພ້ອມ ໃຫ້ ທ່ານ. ໂທ ສ 800-906-1794/TTY: 407-200-1388.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 800-906-1794/TTY: 407-200-1388.

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 800-906-1794/TTY: 407-200-1388.