

NONDISCRIMINATORY POLICY

Ensures education of and public awareness of Civil Rights.

Discrimination is Against the Law

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

LANGUAGE ASSISTANCE

Ponte Vedra Plastic Surgery provides services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats can be requested and made readily available, other formats may include (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 Risk Manager

If you believe that that we have 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:

Jennifer Horner, Risk Manager
Pont Vedra Plastic Surgery
209 Ponte Vedra Plastic Surgery
Ponte Vedra Beach, Fl. 32082
Phone: 904-273-6200

Email: info@pvps.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Risk Manager 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, DC 20201
1-800-368-1019, 800-537-7697 (TDD).

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

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Informing Individuals with Limited English Proficiency of Language Assistance Services

ATTENTION: If you speak a foreign language assistance services, free of charge, are available to you. Call 1-855-880-6097.

Specific translations for Notice of Nondiscrimination, Nondiscrimination and Taglines are available at: <http://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources/>

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1- 904-273-6200) (TTY: 1-800-955-8771)

• ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1- 904-273-6200) (TTY: 1-800-955-8771)

• CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1- 904-273-6200) (TTY: 1-800-955-8771)

• ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1- 904-273-6200) (TTY: 1-800-955-8771)

• 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- 904-273-6200) (TTY: 1-800-955-8771)

• ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1- 904-273-6200) (TTY: 1-800-955-8771)

• PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1- 904-273-6200) (TTY: 1-800-955-8771)

1-ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1- (телетайп: 1-).
مقرر مكبل او مصلا • 1 - اء ادتسا . ان اجم لكل ءحاتم يه ءخلل ا تادع اسمل ا : ءظح الم .
فتاهلا 1- 904-273-6200) (TTY: 1-800-955-8771)

• ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1- 904-273-6200) (TTY: 1-800-955-8771)

• ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1- 904-273-6200) (TTY: 1-800-955-8771)

• 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1- 904-273-6200) (TTY: 1-800-955-8771) 번으로 전화해 주십시오

• UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1- 904-273-6200) (TTY: 1-800-955-8771)

◆ यु नः जो तमे◆ जराती बोलता हे, तो िनः◆ लु भाषा सहाय सेवाओ तमारा माट◆ उपलब्ध छ. झेन करे
1-904-273-6200 (TTY: 1-800-955-8771)

็ยน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-904-273-6200 (TTY: 1-800-955-8771)

SECTION 1557 OF THE AFFORDABLE CARE ACT GRIEVANCE PROCEDURE

It is the policy of Ponte Vedra Ambulatory Surgery Center not to discriminate on the basis of race, color, national origin, sex, age or disability. The Surgery Center 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.

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 the Practice to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

SUBMISSION OF GRIEVANCE

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.

INVESTIGATION

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 the Practice 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 their right to pursue further administrative or legal remedies.

APPEAL

The person filing the grievance may appeal the decision of the Section 1557 Coordinator by writing to the (Chief Executive Officer) within 15 days of receiving the Section 1557 Coordinator's decision. The (Chief Executive Officer) 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 Avenue SW., Room 509F, HHH Building, Washington, DC 20201.

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

ACCOMMODATIONS IN THE GRIEVANCE PROCESS

The Surgery Center 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 assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.

[PATIENT BILL OF RIGHTS - ADVANCED DIRECTIVES](#)

[HIPPA BROCHURE](#)