

# Discrimination is Against the Law

Appendix A to Part 92—  
Sample Notice Informing Individuals About  
Nondiscrimination and Accessibility Requirements  
and Sample Nondiscrimination Statement

[Name of covered entity]

Piedmont Arthritis Clinic

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

[Name of covered entity]

Piedmont Arthritis Clinic

does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

[Name of covered entity]:

Piedmont Arthritis Clinic

- 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

[Name of Civil Rights Coordinator]

If you need these services, contact

Christine Nicholl

[Name of covered entity]

If you believe that

Piedmont Arthritis Clinic

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:

[Name and Title of Civil Rights Coordinator]

Christine Nicholl

[Mailing Address]

3 St Francis Drive Suite 400, Greenville SC 29601

[Telephone number]

(864) 235-8396

[TTY number—if covered entity has one]

[Fax]

(864) 271-4092

[Email]

messages@piedmontarthritis.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance,

[Name and Title of Civil Rights Coordinator]

Christine Nicholl

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>

File 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/filing-with-ocr>

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-864-235-8396**

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 **1-864-235-8396**