

Title: Non-Discrimination Policy	Owner: Administration	Effective Date: January 2000	POL_SEH_NonDiscrimination_v0001
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I. PURPOSE

To prohibit discrimination in the provision of services.

II. DEFINITIONS

N/A

III. POLICY STATEMENT

Southeastern Health does not discriminate in the provision of services to an individual:

1. Because the individual is unable to pay;
2. Because payment for those services would be made under Medicare, Medicaid or the Children's Health Insurance Program (CHIP); or
3. Based upon the individual's race, color, national origin, age, disability, sexual orientation or gender identity.

Southeastern Health complies with applicable Federal civil rights laws. Southeastern Health does not exclude people or treat them differently because of race, color, national origin, age, disability, sexual orientation or gender identity. Southeastern Health values the diversity and inclusion of our patients, their visitors, employees, physicians, volunteers, students and others. Southeastern Health:

1. Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - a. Qualified sign language interpreters
 - b. Written information in other formats (large print, audio, accessible electronic formats, other formats)
2. Provides free language services to people whose primary language is not English such as:
 - a. Qualified interpreters
 - b. Information written in other languages

If you need these services, contact Southeastern Health at (910) 671-5000.

If you believe that Southeastern Health has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, sexual orientation or gender identity, you can file a grievance with:

Southeastern Health Guest Services
300 W. 27th Street, Lumberton, NC 28358
Phone: (910) 671-5592
Fax: (910) 272-3047

You can file a grievance in person, over the phone, by mail, or fax. If you need help filing a grievance, Guest Services 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, D.C. 20201
1-800-868-1019, 800-537-7697 (TDD)

IV. ATTACHMENTS

V. APPROVED BY
Corporate Compliance Officer

VI. REVISION HISTORY
July 2017 NHSC site requirements
July 2018 Document control revisions

IV. REFERENCES

CMS Emergency Medical Treatment & Labor Act (EMTALA),
<https://www.cms.gov/Regulations-and-Guidance/Legislation/EMTALA/Downloads/CMS-1063-F.pdf> CMS State Operations Manual: Appendix V – Interpretive Guidelines – Responsibilities of Medicare Participating Hospitals in Emergency Cases, https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_v_emerg.pdf

V. ATTACHMENTS

Attachment A: Non-Discrimination Statement Translations

VI. APPROVED BY

MEC December 2018

VII. REVISION HISTORY AND RATIONALE

October 2018: Document control revisions

December 2018: MEC Revisions

Attachment A: Non-Discrimination Statement Translations

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 910-671-5000

Arabic

اتصل برقم إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان: ملحوظة (العربية)

Cambodian

យកចិត្តទុកដាក់: របស់នេះមាន កម្មវិធី [ភាសាខ្មែរ] ឥត

សេវាជំនួយភាសាខ្មែរឥតគិតថ្លៃ ក្រុមហ៊ុន 910-671-5000

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 910-671-5000

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 910- 671-5000

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 910-671-5000

Gujarati

સચના: જો તમે ગજરાતી બોલતા હો, તો િન:શ ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલ ધ છે. ફોન કરો 910-671-5000

Hindi

यान द : आप बात करते ह [डालने भाषा], भाषा सहायता सेवाओं के प्रभार से मुक्त कर रहे ह , तु हारे िलए उपल ध। पु का र न 910- 671-5000

Hmong

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 910-671-5000

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。910-671-5000まで、お電話にてご連絡ください。

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 910-671-5000번으로 전화해 주십시오.

Lao

**ໂປດຊາບ: ຖ້າ ງ່ວ າ ທ່ ານເວົ້າ າພາສາລາວ, ການປຶກສາ ຈຸດ ວຍເຫຼືອ
671-5000**

Russian

ອັດ າພາສາ, ໂດຍບໍ່ເສັ ງຄ່ າ, ແມ່ ນມີ ພັ ອມໃຫ້ ທ່ ານ. ໂທ 910-

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 910-671- 5000

Tagalog-Filipino

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 910-671-5000

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 910-671-5000