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

Discrimination is Against the Law

Olmsted Medical Center

Olmsted Medical Center

Olmsted Medical Center:

- [Organization Name] provides medical care to individuals with disabilities and those with limited English proficiency in accordance with applicable laws. Each patient shall be given an opportunity to communicate in a language they understand.

- [Organization Name] provides medical care to individuals who are deaf or hard of hearing in accordance with applicable laws.

- [Organization Name] provides medical care to individuals who are deaf or hard of hearing in accordance with applicable laws.

Please direct complaints to [Organization Name] Patient Relations at 210 Ninth Street SE, Rochester, MN 55904. Phone: 507.292.7091. TTY: 507.287.2799. Fax: 507.287.2745. E-mail: patientrelations@olmmed.org.

Please direct complaints to [Organization Name] Patient Relations at 210 Ninth Street SE, Rochester, MN 55904. Phone: 507.292.7091. TTY: 507.287.2799. Fax: 507.287.2745. E-mail: patientrelations@olmmed.org.

For more information, please contact the Office for Civil Rights of the U.S. Department of Health and Human Services at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf.

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)