

Nondiscrimination Notice

The Endoscopy Center of Lake County complies with applicable Federal civil rights laws and does not discriminate on the basis of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, or gender identity or expression. The Endoscopy Center of Lake County does not exclude people or treat them differently because of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, or gender identity or expression.

The Endoscopy Center of Lake County:

- Provides free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:
 - qualified sign language interpreters, video remote interpreting or other aids for hearing impaired individuals.
 - written information in multiple formats including large print, audio, accessible electronic formats, or other formats for visually impaired individuals.
- Provides reasonable accommodations to people with known disabilities to enable them to utilize our facilities and services.
- Provides free language services to people whose primary language is not English, such as:
 - qualified interpreters or a language line.
 - information written in other languages.

If you need these services, contact The Endoscopy Center of Lake County's ADA Coordinator in advance of your visit at 440-205-1683. If you believe that The Endoscopy Center of Lake County 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:

ADA Coordinator

The Endoscopy Center of Lake County
 9614 Old Johnnycake Ridge Rd, Mentor, Ohio 44060
 440-358-1201 greatlakesgastro.net

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, The Endoscopy Center of Lake County's ADA Coordinator 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
 1-800-368-1019, 800-537-7697 (TDD)

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

English	ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 440-205-1683 (TTY: _____).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 440-205-1683 (TTY: _____).
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 440-205-1683 (TTY: _____).
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 440-205-1683 (TTY: _____)。
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 440-205-1683 (TTY: _____)번으로 전화해 주십시오.
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 440-205-1683 (телетайп: _____).
Amharic	ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 440-205-1683 (መስማት ለተሳናቸው: _____)።
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1683-205-440 (رقم هاتف الصم والبكم: -).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 440-205-1683 (TTY: _____).
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 440-205-1683 (ATS : _____).
Nepali	ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 440-205-1683 (टि टि वाइ: _____) ।
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 440-205-1683 (TTY: _____).
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。440-205-1683 (TTY: _____) まで、お電話にてご連絡ください。
Cushite	XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 440-205-1683 (TTY: _____).
Farsi	توجه: اگر به زبان فارسی صحبت می کنید، خدمات زبانی رایگان به شما ارائه می‌گردد، با شماره تماس بگیرد 440-205-1683
Kru	Dè dè nìà kè dyédé gbo: Ɔ jũ ké n̄ [Bàsɔ̀-wùdù-po-nyɔ̀] jũ ní, níí, à wuɖu kà kò dò po-poò b̄éin m̄ gbo kpáa. Đá 440-205-1683 (TTY: _____)
Ibo	Ntị: Ọ bụrụ na asụ Ibo, asụsụ aka ọasụ n’efu, defu, aka. Call 440-205-1683 (TTY: _____).
Yoruba	AKIYESI: Bi o ba nsọ èdè Yorùbú ọfẹ ni iranlọwọ lori èdè wa fun yin o. Ẹ pe ẹrọ-ibanisọrọ yi 440-205-1683 (TTY: _____).