

SETTING UP TRANSLATION SERVICE FLIER

* If you do not have Adobe Reader you will need to download it for free online:

<https://get.adobe.com/reader/>

STEP 1: Open this document in Adobe Reader.

STEP 2: On page 2, the legal Name of your franchise's Business Entity where indicated. Then edit in your entity or clinic's contact information including Name, phone number, email address and mailing address for the person who will handle correspondence for this service.

STEP 3: Review page 3 of your state language listing. If one of the 15 languages list no translation an editable text field has been placed in telling you to seek a local translator, who can translate the English version for you and assist you in finding a translation service to make arrangements with to be an available translator for that language. *See footnote.

STEP 4: Once all edits have been made to this document, **SAVE A COPY** of this PDF file **before closing** it so that your changes will save. Print pages 2-3 for use in the clinic.

*If Language Translation is missing on Page 3 of this PDF file, please flow in the translation for a missing local language over top of the text provided in the text editing field. The following should be translated by your local translator for this language:

Written in thier language: ***Language Name***

Translate the following: **Point to your language. An interpreter will be called. The interpreter is provided at no cost to you.**

Please Note: Some foreign language fonts are not easily obtained and may use characters that will be difficult to obtain. Check with your local hospital to see how they have done this for their facility. It is possible that your local translator may need to hand write the language translation on a label to place onto a missing language if shown on Page 3. As of 2016, all missing languages are indicated by the Federal Government to be spoken in the home and most often these language speakers (above the age of 5) are able to speak English if living in the US. It is possible that the language is used in speech only. If that is the case, have your front desk call a local translator for that language to assist over the phone with the patient if needed.



NOTICE AND NON-DISCRIMINATION STATEMENT

Business Entity Name (referred to “we” here after in this notice)

We comply with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

We provide:

- **Free aids and services to people with disabilities to communicate effectively with us, such as:**
 - **Qualified sign language interpreters**
 - **Written information in other formats**
- **Free language services to people whose primary language is not English, such as:**
 - **Qualified interpreter services**
 - **Information written in other languages**

If you need these services, please notify clinic staff.

If you believe 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:

Name:

Phone:

Email:

Mailing Address:

You can file a grievance in person or by mail, fax, or email. If you need help filing grievances contact: The Compliance Office as given above.

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. Phone: 1-800-368-1019, 800-537-7697 (TDD).

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



OREGON

ENGLISH


Point to your language. An interpreter will be called. The interpreter is provided at no cost to you.

Spanish

Español 

Señale su idioma y llamaremos a un intérprete.
El servicio es gratuito.

Romanian

Română 

Indicați limba pe care o vorbiți. Vi se va face legătura cu un interpret caare vă este asigurat gratuit.

Vietnamese

Tiếng Việt 

Hãy chỉ vào ngôn ngữ của quý vị. Một thông dịch viên sẽ được gọi đến, quý vị sẽ không phải trả tiền cho thông dịch viên.

Khmer (Cambodian)

ខ្មែរ (កម្ពុជា) 

សូមចង្អុលភាសាអ្នក។ យើងនឹងហៅអ្នកបកប្រែភាសាខ្មែរ។
អ្នកបកប្រែភាសានឹងជួយអ្នកដោយមិនគិតថ្លៃ។

Korean

한국어 

귀하께서 사용하는 언어를 지정하시면 해당 언어 통역 서비스를 무료로 제공해 드립니다.

Oromo (Cushite)

Oromo 

Gara afaan keetti eeri. Turjumaanni ni waamama.
Turjumaanni beeseet takka malee siif qophaawa.

Chinese



請指認您的語言，以便為您提供免費的口譯服務。
請指認您的語言，以便為您提供免費的口譯服務。

German

Deutsch 

Zeigen Sie auf Ihre Sprache. Ein Dolmetscher wird angefordert. Der Dolmetscher ist für Sie kostenlos.

Russian

Русский 

Укажите язык, на котором вы говорите. Вам вызовут переводчика. Услуги переводчика предоставляются бесплатно.

Thai

ไทย 

ช่วยชี้ที่ภาษาที่ท่านพูด แล้วเราจะจัดหาสามให้ท่าน
การใช้สามไม่ต้องเสียค่าใช้จ่าย

Ukrainian

Українська 

Вкажіть вашу мову. Вам викличуть перекладача.
Послуги перекладача надаються безкоштовно.

French

Français 

Indiquez votre langue et nous appellerons un interprète. Le service est gratuit.

Japanese

日本語 

あなたの話す言語を指してください。
無料で通訳サービスを提供します。

Farsi (Persian)

فارسی 

زبان مورد نظر خود را مشخص کنید. یک مترجم برای شما درخواست خواهد شد. مترجم بصورت رایگان در اختیار شما قرار می گیرد.

Arabic

عربي 

أشر إلى لغتك. وسيتم الاتصال بمترجم فوري. كما
سيتم إحضار المترجم الفوري مجاناً.