



Non-Discrimination Notice
Advanced Imaging Center/ Metro MRI Center

Discrimination is Against the Law

Advanced Imaging Center/ Metro MRI Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). Advanced Imaging Center/ Metro MRI Center does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Advanced Imaging Center/ Metro MRI Center:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services 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 assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact 1-309-743-0045 and follow prompts for scheduling.

If you believe Advanced Imaging Center/ Metro MRI Center has failed to provide these services or has discriminated in another way on the basis of race, color, national origin, sex, age, or disability, you can file a grievance with the Compliance Office:

1. Via Email at: Compliance@radpartners.com, or
2. Compliance Hotline:
 - a. Via Phone at: (844) 754-3344
 - b. Online at: <https://radpartners.mycompliancereport.com/>

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the 1557 Champion 1-309-743-0045 is available to help you.

You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

1. Electronically: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
2. Via mail: U.S. Department of Health & Human Services
200 Independence Avenue, S.W. – 509F
Washington, D.C. 20201

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

Notice of Availability

Albanian

VINI RE: Nëse flisni [shqip], shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 1-309-743-0045 ose bisedoni me ofruesin tuaj të shërbimit.

Arabic

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-309-743-0045 أو تحدث إلى مقدم الخدمة.

Chinese 中文

注意：如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-309-743-0045 或與您的提供者討論。」

French

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-309-743-0045 ou parlez à votre fournisseur. »

Greek

Ελληνικά

ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το 1-309-743-0045 ή απευθυνθείτε στον πάροχό σας».



Haitian Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib gratis tou. Rele nan 1-309-743-0045 oswa pale avèk founisè w la.”

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-309-743-0045 पर कॉल करें या अपने प्रदाता से बात करें।”

Italian

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama 1-309-743-0045 o parla con il tuo fornitore.”

Korean

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-309-743-0045 번으로 전화하거나 서비스 제공업체에 문의하십시오.”

Polish

UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-309-743-0045 lub porozmawiaj ze swoim dostawcą”.

Portuguese

ATENÇÃO: Se você fala [inserir idioma], serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-309-743-0045 ou fale com seu provedor.”

Russian

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-309-743-0045 или обратитесь к своему поставщику услуг.

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-309-743-0045 o hable con su proveedor.

Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga librang serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-309-743-0045 o makipag-usap sa iyong provider.”

Vietnamese

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-309-743-0045 hoặc trao đổi với người cung cấp dịch vụ của bạn.”

Patient Acknowledgment of Receipt – Section 1557 Non-Discrimination Policy

I acknowledge that I have received and reviewed the provider’s *Notice of Non-Discrimination* in accordance with Section 1557 of the Affordable Care Act. I understand that I have the right to receive services without discrimination based on race, color, national origin, sex, age, or disability, and that language assistance services are available to me free of charge.

Patient Name (Print): _____

Signature: _____

Date: _____

Staff Witness (if applicable): _____