



HHS REQUIRED NOTICE

Discrimination Is Against the Law

The Surgical Suites complies with applicable **federal civil rights laws** and does not discriminate on the basis of **race, color, national origin, age, disability, or sex**. The Surgical Suites does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Surgical Suites makes every reasonable effort to provide **free aids and services** to individuals with disabilities to communicate effectively with us, including but not limited to:

- Qualified sign-language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, or other appropriate formats)
- Language services for individuals whose primary language is not English, including qualified interpreters
- Written information in other languages

These services may require advance preparation. Patients who require assistance are asked to notify us as early as possible so arrangements can be made prior to surgery. To request these services, please contact the appropriate surgical coordinator for your physician.

Filing a Grievance

If you believe that The Surgical Suites has failed to provide these services or has discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you may file a grievance with:

Administrator *or* Your Surgeon's Office
The Surgical Suites
1100 Ward Avenue, Suite 1001, Honolulu, HI 96814
Phone: (808) 531-0127 Fax: (808) 531-0455

Grievances may be filed in person, by mail, or by fax. If you need assistance filing a grievance, any member of our staff is available to help you.

Filing a Civil Rights Complaint with HHS

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

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Mail: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201
Phone: 1-800-368-1019 | TDD: 1-800-537-7697
Complaint forms: <http://www.hhs.gov/ocr/office/file/index.html>

