



BROWN UROLOGY
BROWN PHYSICIANS, INC.

NOTICE OF NON-DISCRIMINATION

Discrimination is Against the Law

Brown Urology complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, religion, disability, veteran status, economic status, sexual orientation or gender identity. Brown Urology does not exclude, deny access/benefits to health care or otherwise treat differently any person on the basis of race, color, national origin, age, religion, disability, veteran status, economic status, sexual orientation or gender identity.

Brown Urology provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters; free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, please contact your doctor's office.

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

**Collyer St./Dudley St./North Main
Practice Manager**

Telephone: 401-272-7799
Fax: 401-272-9299

**Veteran's Memorial Parkway/Newport
Practice Manager**

Telephone: 401-276-2007
Fax: 401-435-6694

You can file a grievance in person or by mail, fax, or email. You must send the complaint within 60 days of when you found out about the issue. If you need help filing a grievance, the Brown Urology Patient Liaison can 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
800-368-1019, 800-537-7697 (TTY)

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

務。請致電 1-401- 272-7799

CREOLE: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-401- 272-7799

CAMBODIAN: ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់បម្រើអ្នក។ ចូរ ទូរស័ព្ទ 1-401-272-7799

BASSA: Dè dɛ nà ke dyédé gbo: ɔ jũ ké m̄ [Bàsɔ̀- wùdù-po-nyò] jũ ní, nì, à wuɖu kà kò d̀ò po-poò b̀éin m̄ gbo kpáa. Ɖá 1-401- 272-7799

IBO: Ige nti: O buru na asu lbo asusu, enyemaka diri gi site na call 1-401- 272-7799

POLISH: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-401- 272-7799

YORUBA: AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-401- 272-7799

ITALIAN: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-401- 272-7799

LAOTIAN: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອ ດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-401- 272-7799

RUSSIAN: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-401- 272-7799

ARABIC: ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر بالمجان. اتصل برقم 7799-272-401-1

