Discrimination is Against the Law

Valley Medical Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity. Valley Medical Center does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation or gender identity.

Valley Medical Center:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: (a) Qualified sign language interpreters; and (b) written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as: (a) Qualified interpreter resource; and (b) Information written in other languages.

If you need any of the above services, please contact Main Admitting at Valley Medical Center at 425.228.3440 x5745.

If you are deaf or hard of hearing please dial 7-1-1 for Telecommunications Relay Services.

If you believe that Valley Medical Center has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity, you can file a grievance with:

Patient Relations Manager, 400 S. 43rd Street, Renton, Washington 98058

Telephone: 425-690-3403, email: patientrelations@valleymed.org

You can file a grievance in person or by mail, telephone, or email. If you need help filing a grievance, the Patient Relations Manager 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, 1.800.537.7697 (TDD)

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

Getting Help in Other Languages:

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 425.228.3440 x5745

繁體中文 (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 425.228.3440 x5745

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 425.228.3440 x5745

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 425.228.3440 x5745 번으로 전화해 주십시오

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 425.228.3440 x5745

Tagalog (Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 425.228.3440 x5745

Українська (Ukranian): УВАГА! Якщо ви розмовляєте українська мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 425.228.3440 x5745

ខ្មែរ(Cambodian): ប្រយ័ត**ុ**នបរើសិនជាអុ**ន**និយាយភាសាខ្មែរ ្បសាជំនួយខុន៩ភាសា បោយមិនគា្ិឈ្ឡួះ គឺអាចមានសំរា**រ ់រ**ំបអ៊ុែសមេ ចូរ ទូរស័ពុ ≸25.228.3440 x5745

日本語 (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。 425.228.3440 x5745 まで、お電話にてご連絡ください。

አማርኛ (Amharic): ማስታወሻ: የሚናንሩት ቋንቋ ኣማርኛ ከሆነ የትርንም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘ*ጋ*ጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.425.228.3440 x5745

Oroomiffa (Cushite): XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.425.228.3440 x5745

(Arabic): العربية

ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਧਿਓ-1 ਤਾਂ ਭਾਸ਼ਾ ਧਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਿ ਹੈ। ,ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਿ ਹੋ 1.425.228.3440 x5745 ਕਾਲ ਕਰੋ।

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 425.228.3440 x5745

ພາສາລາວ (Lao): ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍເສັຽຄ່າ, ແມ່ນມືພ້ອມໃຫ້ທ່ານ. ໂທຣ 425.228.3440 x5745