

NONDISCRIMINATION NOTICE

Discrimination is against the law. Partnership HealthPlan of California follows Federal civil rights laws. Partnership HealthPlan of California does not discriminate, exclude people, or treat them differently because of race, color, national origin, age, disability, or sex.

Partnership HealthPlan of California provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - ✓ Qualified sign language interpreters
 - ✓ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
 - ✓ Qualified interpreters
 - ✓ Information written in other languages

If you need these services, contact Partnership HealthPlan of California between 8 a.m. – 5 p.m. by calling (800) 863-4155. Or, if you cannot hear or speak well, please call (800) 735-2929 or 711.



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HOW TO FILE A GRIEVANCE

If you believe that Partnership HealthPlan of California has 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 Partnership HealthPlan of California. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact Partnership HealthPlan of California between 8 a.m. – 5 p.m. by calling (800) 863-4155. Or, if you cannot hear or speak well, please call (800) 735-2929 or 711.
- In writing: Fill out a complaint form or write a letter and send it to:

Partnership HealthPlan of California
ATTN: Grievance
4665 Business Center Drive
Fairfield, CA 94534

Or

Partnership HealthPlan of California
ATTN: Grievance
3688 Avtech Parkway
Redding, CA 96002

- In person: Visit your doctor's office or Partnership HealthPlan of California and say you want to file a grievance.
 - Electronically: Visit website Partnership HealthPlan of California at www.partnershiphp.org
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OFFICE OF CIVIL RIGHTS

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **(800) 368-1019**. If you cannot speak or hear well, please call **TTY/TDD (800) 537-7697**.
- In writing: Fill out a complaint form or send a letter to:

**U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201**

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

- Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.