

NorthCare Network

NOTICE OF NON-DISCRIMINATION AND ACCESSIBILITY REQUIREMENTS

This Notice of Non-Discrimination and Accessibility Requirements is provided by NorthCare Network, the Prepaid Inpatient Health Plan responsible for managing behavioral health services in the Upper Peninsula of Michigan. You may also get a Notice of Non-Discrimination and Accessibility Requirements from your provider.

In providing behavioral healthcare services, NorthCare Network complies with all applicable Federal civil rights laws and does not discriminate on the basis of race, color, age, ethnicity, language, sexual orientation, gender identity or expression, national origin, religion/spirituality, orientation, and disability within a community.

NorthCare Network:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, Braille)
- Provides free language services to people whose primary language is not English or have limited English skills, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact your local Community Mental Health Service Program (CMHSP) or Substance Use Disorder (SUD) Provider Customer Services or NorthCare Network's Customer Service at 1-888-333-8030.

If you believe that your local CMHSP or SUD Provider has failed to provide these services or discriminated in another way on the basis of race, color, age, ethnicity, language, sexual orientation, gender identity or expression, national origin, religion/spirituality, orientation and disability you can file a grievance with: the local CMHSP customer service representative. Contact NorthCare Network's Customer Services Department at 1230 Wilson Street Marquette, MI 49855, or directly by phone at 1-888-333-8030. NorthCare's fax number is 906-232-1070.

If you are a person who is deaf or hard of hearing, you may contact your local CMHSP or SUD provider directly or by calling MI Relay Service at 711 to request their assistance in connecting you to your local CMHSP or NorthCare Network. You can file a grievance in person, by mail, or by fax. If you need help in filing a grievance, call **NorthCare Network at 1-888-333-8030**; Kayti Lancour-Valiquette 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. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. Complaints can also be filed with them electronically through the Complaint Portal 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
Toll Free: 1-800-368-1019 or 800-537-7697 (TDD)

Multi-Language Insert – Multi Language Assistance Services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-333-8030 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-333-8030 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-333-8030 (رقم هاتف الصم والبكم: 711).

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 1-888-333-8030 (TTY：711)。

ማሳሰቢያ: ከላታይንክ ቅጽ ለማግኘት፣ እርሶን ትራንስክርቲዮን ጋር ማስተካከል፣ የተጨማሪ የቅጽ ተሞልታችኋል ይህንኑ ይገኙ። (TTY: 711) 1-888-333-8030

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-333-8030 (TTY: 711).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-888-333-8030 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-333-8030 (TTY: 711) 번으로 전화해 주십시오.

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮৮৮-৩৩৩-৮০৩০ (TTY: ৭১১)।

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-333-8030 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-333-8030 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-333-8030 (TTY: 711).

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。1-888-333-8030 (TTY:711) まで、お電話にてご連絡ください。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-333-8030 (телетайп: 711).

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-333-8030 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-333-8030 (TTY: 711)