



Notice of Nondiscrimination

Our practice 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, other formats)
- Qualified interpreters
- Information written in other languages

It is the policy of QuickCARE of Ruston not to discriminate on the basis of race, color, national origin, sex, age or disability. QuickCARE of Ruston has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. § 18116) and its implementing regulations at 45 C.F.R. pt. 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of our HIPAA Privacy Officer, 1809 Northpointe Lane, Suite 102, Ruston, LA 71270, 318-255-3762, who has been designated to coordinate the efforts of QuickCARE of Ruston to comply with Section 1557.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for QuickCARE of Ruston to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

How to File a Complaint

Grievances must be submitted to the Section 1557 Coordinator within (60 days) of the date the person filing the grievance becomes aware of the alleged discriminatory action.

- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Section 1557 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 1557 Coordinator will maintain the files and records of QuickCARE of Ruston relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.
- The person filing the grievance may appeal the decision of the Section 1557 Coordinator by writing to the Chief Executive Officer of QuickCARE of Ruston within 15 days of receiving the Section 1557 Coordinator's decision. The Chief Executive Officer shall issue a written decision in response to the appeal no later than 30 days after its filing.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is 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

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination.

QuickCARE of Ruston will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.



Non-Discrimination Policy

Discrimination is Against the Law

QuickCare of Ruston RHC complies with applicable Federal civil rights laws and does not discriminate on the basis of sex, race, color, national origin, age, religion, disability, gender identity, sexual orientation or inability to pay.

QuickCare of Ruston RHC does not exclude people or treat them differently because of sex, race, color, national origin, age, religion, disability, gender identity, sexual orientation, or inability to pay.

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

Becky Murphy, DON
1200 S. Farmerville St.
Ruston, LA 71270
Phone: 318-251-6125
Fax: 318-251-6116
Email: bmurphy@green-clinic.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Becky 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
Phone: 1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

No one will be denied access to services due to inability to pay. There is a discounted/sliding fee schedule available based on family size and income. Please see our front desk receptionist for more information.