



Nondiscrimination Statement

Carlisle Vision Clinic complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently based on any of these factors.

When necessary, Carlisle Vision Clinic:

- Provides free aids and services to people with disabilities to communicate effectively with us
- Provides free qualified sign language interpreters for hearing impaired patients
- Provides free language services to people whose primary language is not English. This may include qualified interpreters or written information.

If you believe Carlisle Vision Clinic has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you may file a grievance with:

Amy Carlisle, 712 Avenue A, Beaver, OK 73932, (580)625-2020, carlislevisionclinic@gmail.com

You may file your grievance in person, by mail or e-mail. If you need help filing a grievance Amy Carlisle is available to assist you.

You may also file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights two ways:

- (1) Electronically through the Office for Civil Rights Complaint Portal
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- (2) 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, 800-537-7697 (TDD)

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>.

TAGLINES ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you.

{Spanish} ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

{Vietnamese} CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

{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

{Farsi} یم ف راهم شما یب را گ ان ی را ب صورت ی زب ان لاتی ت سه ده ی کن یم گ ف ت گوی س ف از زب ان ب ه اگر ت وجه
ب ا ب ا شد

{Korean} 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

{Arabic} ب رقم ات صل. ب الامجان لك ت تواف رة ال لمغو ال مساعده خدمات ف إن ال لمغة، اذ كرت ت تحدث ك نت إذا: م لمحوظة

{Russian} ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

{Slovenian} POZOR: Če govorite [vstavi jezik], jezikovne storitve pomoči, brezplačno, so vam na voljo.

{Bengali} ল# কর&নঃ যিদ আপদন বা াংলা, কথা বলেত পােতন, 5 াহতল দনঃেখচায় ভাষা সহােয়া
পেদতষবা উপল আোত। ফ ান কর&ন

{French} ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

{Urdu} ابی دست یم م ف ت خدمات ی ک مدد ی ک زب ان ک و آپ ت و س، ی ه ب ول ی اردو آپ اگر : خ بردار

{Romanian} ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit.

{Amharic} ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል፡ ወደ
ሚከተለው ቁጥር ይደውሉ

{Dutch} AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten.

{Teluga} శ"దృష %ట' ం): ఒక, శ్. / 012 3ష 56౭౭9:న<6౭=>, . ?౮A 012 3B సDయృష Fష1 ఊతృOK ౮MN౭౭=.