

## Sample Notice Informing Individuals About Nondiscrimination and Accessibility

### Requirements and Sample Nondiscrimination Statement:

Kev sib cais ntxub ntxaug yog ib qho Txhaum rau Kev Cai Lij Choj

[**Name of covered entity**] ua raws li Tsoom Fwv cov kev cai lij choj hais txog pej xeeem cov cai uas tsim nyog thiab tsis ntxub ntxaug uas saib raws lub hauv paus ntawm haiv neeg, tsos cev nqaij daim tawv, yug nyob lub teb chaws twg tuaj, poj niam-txiv neej, kev xiam oob khab, los sis hnuv nyoog (raug raws li lub ntsiab lus ntawm kev ntxub ntxaug txog poj niam-txiv neej uas tau piav qhia nyob rau ntawm tshooj lus 45 CFR § 92.101(a)(2)) [**optional:** (los sis poj niam-txiv neej, muaj xam nrog rau cov yam ntxwv ntsig txog poj niam-txiv neej, muaj xam nrog rau cov kev zoo los sis kev phem ntsig txog kev sib cuam tshuam ntawm poj niam-txiv neej; kev xeeb me nyuam los sis cov zwj ceeb uas muaj feem sib cuam tshuam; txoj kev taw qhia kom paub txog tias yog poj niam txiv neej; kev cim thawj txog tus kheej tias yog poj niam txiv neej, thiab cov qauv ua piv txwv tuag nthi txog poj niam-txiv neej).<sup>1</sup>][**Name of covered entity**] tsis cais cov tib neeg tawm los sis saib lawv zoo li tsis tshua zoo vim los ntawm haiv neeg, tsos cev nqaij daim tawv, yug nyob lub teb chaws twg tuaj, hnuv nyoog, kev xiam oob khab, los sis poj niam-txiv neej.

[**Optional:** [**Name of the covered entity**] tam sim no tuav tswj ib qho kev zam ntsig txog [**religious and/or conscience**] los ntawm lub chaw ua hauj lwm HHS Office for Civil Rights, uas zam rau [**name of the covered entity**] los ntawm kev ua raws li [**list provisions of Section 1557 to which the exemption applies, and the scope/terms of that exemption**].

[**Name of covered entity**]:

- Muab cov kev hloov pauv uas muaj laj thawj ntsig txog cov kev xiam oob khab thiab

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<sup>1</sup> This language/approach is not required under Section 1557 regulations.

cov kev pab cuam ntxiv tsim nyog pab dawb thiab cov kev pab cuam rau cov tib neeg txhawm rau kom sib txuas lus tau nrog peb kom tau txais txiaj ntsig zoo, xws li:

- Cov neeg txhais lus piav tes uas muaj cai tsim nyog
- Cov lus qhia sau ua ntaub ntawv uas sau ua lwm cov hom ntawv (luam ua tus niam ntawv loj, suab lus, cov hom ntawv uas muaj peev xwm nkag cuag (saib) tau nyob rau hauv koos pis tawj, lwm cov hom ntawv).
- Muab cov kev pab cuam uas pab rau fab kev txhais lus pub dawb rau cov neeg uas nws

thawj hom lus tsis yog Lus As Kiv, uas tej zaum yuav muaj xam nrog rau:

- Cov neeg txhais lus tau zoo uas muaj cai tsim nyog
- Cov ntaub ntawv uas sau ua lwm hom lus.

Yog hais tias koj xav tau cov kev hloov pauv uas muaj laj thawj, cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog, los sis cov kev pab cuam ntsig txog fab kev txhais lus, ces tiv tauj rau **[name of Civil Rights Coordinator]**.

Yog hais tias koj ntseeg tias **[name of covered entity]** tsis muab cov kev pab raws li hais no los sis muab kev ntxub ntxaug rau ib tug neeg vim yog haiv neeg, tsos cev nqaij daim tawv, yug nyob teb chaws twg tuaj, hnuv nyoog, neeg xiam oob khab, los sis txiv neej-poj niam, koj tuaj yeem foob hais qhov tsis txaus siab mus rau: **[name and title of Civil Rights Coordinator]**, **[mailing address]**, **[telephone number]**, **[TTY number—if covered entity has one]**, **[fax]**, **[email]**. Koj muaj peev xwm xa daim ntawv thov hais kev tsis txais siab kiag ntawm koj tus kheej los sis xa hauv chaw xa ntawv, fax, los sis xa hauv email. Yog tias koj xav tau kev pab txog kev sau ib daim ntawv tsis txaus siab, **[name and title of Civil Rights Coordinator]** txaus siab yuav pab koj.

Koj tseem tuaj yeem ua ib daim ntawv tsis txaus siab mus rau U.S. Department of Health and Human Services, Office for Civil Rights hauv tshuab hluav taws xob los ntawm Office for Civil Rights Complaint Portal, muaj nyob ntawm <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, los sis los ntawm kev xa ntawv los sis kev hu xov tooj ntawm:

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)

Cov foos sau lus tsis txaus siab muaj nyob rau ntawm

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

**[If applicable:** Tsab ntawv ceeb toom qhia paub no muaj nyob rau ntawm **[name of covered entity's]** lub vas sab: **[insert covered entity's URL]**].