Sample One (for posting in your facility and inserting in admissions packages, etc.)

Nondiscrimination Policy

As a recipient of Federal financial assistance, (*name of provider*) does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, national origin, disability, or age (*and any other bases that you wish to include, such as sex, sexual orientation, gender identity, religion, creed, etc.*) in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, and in staff and employee assignments to patients, whether carried out by (*name of provider*) directly or through a contractor or any other entity with which (*name of provider*) arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964 (nondiscrimination on the basis of race, color, national origin), Section 504 of the Rehabilitation Act of 1973 (nondiscrimination on the basis of disability), the Age Discrimination Act of 1975 (nondiscrimination on the basis of age), regulations of the U.S. Department of Health and Human Services issued pursuant to these three statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91, (*and state laws or corporate policies, etc.*).

Additionally, in accordance with Section 1557 of the Patient Protection and Affordable Care Act of 2010, 42 U.S.C. § 18116, *(name of provider)* does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of sex (including gender identity) in admission to, participation in, or receipt of the services and benefits under any of its health programs and activities, and in staff and employee assignments, whether carried out by *(name of provider)* directly or through a contractor or any other entity with which *(name of provider)* arranges to carry out its programs and activities.

In case of questions, please contact:

Provider Name:

Contact Person/Section 504 Coordinator:

Telephone number:

TDD or State Relay number:

Sample Two (for including in short brochures and pamphlets)

(*name of provider*) does not discriminate against any person on the basis of race, color, national origin, disability, or age (and any other bases you wish to include) in admission, treatment, or participation in its programs, services and activities, or in employment, or on the basis of sex in its health programs and activities. For further information about this policy, contact: (*name of Section 504 Coordinator, phone number, TDD/State Relay*).