



**50 Alessandro Place Suite A20  
Pasadena, CA 91105  
(800) 851-0966  
(800) 735-2922 (TTY/TDD)**

## **PACIFIC PACE NOTICE OF NONDISCRIMINATION**

Pacific PACE complies with applicable Federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, ethnicity, national origin, religion, age, sex, mental or physical disability, sexual orientation or source of payment for your health care.

Pacific PACE 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)

Pacific PACE also provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact the Pacific PACE Quality Improvement Coordinator

If you believe that Pacific PACE has failed to provide these services or discriminated in another way on the basis of race, ethnicity, national origin, religion, age, sex, mental or physical disability, sexual orientation or source of payment, you can file a grievance with the Pacific PACE Quality Improvement Coordinator, 50 Alessandro Place, Suite A20, Pasadena, CA 91105, (800) 851-0966, TTY (800) 735-2922, [Pacificpace.info@welbehealth.com](mailto:Pacificpace.info@welbehealth.com).

You can file a grievance in person or by fax, mail, or email. If you need help filing a grievance, Pacific PACE Quality Improvement Coordinator 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>
- 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>.

If you speak any language other than English, language assistance services, free of charge, are available to you. Call 1-800-851-0966 (TTY: 1-800-735-2922).

**Spanish:**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-851-0966 (TTY: 1-800-735-2922).

**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 1-800-851-0966 (TTY: 1-800-735-2922)。

**Vietnamese:**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-851-0966 (TTY: 1-800-735-2922).

**Tagalog:**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-851-0966 (TTY: 1-800-735-2922).

**Korean:**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-851-0966 (TTY: 1-800-735-2922)번으로 전화해 주십시오.

**Armenian:**

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-800-851-0966 (TTY (հեռատիպ)՝ 1-800-735-2922):

**Persian:**

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. تماس بگیرید. 1-800-851-0966 (TTY: 1-800-735-2922) با

**Russian:**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-851-0966 (телетайп: 1-800-735-2922).

**Japanese:**

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。1-800-851-0966 (TTY: 1-800-735-2922)まで、お電話にてご連絡ください。

**Arabic:**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-735-2922 (رقم هاتف الصم والبكم: 1-800-851-0966).

**Panjabi:**

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-851-0966 (TTY: 1-800-735-2922) 'ਤੇ ਕਾਲ ਕਰੋ।

**Mon-Khmer, Cambodian:**

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្បួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-851-0966 (TTY: 1-800-735-2922)។

**Hmong:**

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-851-0966 (TTY: 1-800-735-2922).

**Hindi:**

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-851-0966 (TTY: 1-800-735-2922) पर कॉल करें।

**Thai:**

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-851-0966 (TTY: 1-800-735-2922).