

**Sample One** (For posting in your facility, in clear and prominent physical locations, in no smaller than 20-point sans serif font, where it is reasonable to expect individuals seeking service from the health program or activity to be able to read or hear the notice, 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, age, or sex which includes sexual orientation and gender identify along with other sex discrimination. 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)*

\*On the basis of sex includes: sex characteristics, including intersex traits, sexual orientation, gender identity, pregnancy, childbirth and related medical conditions, and sex stereotypes.

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

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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 in  
admission to, participation in, or receipt of the  
services and benefits under any of its health

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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.

If you feel discriminated against or have questions, additional contact information is available to you:

ADA, Sec.504, and ACA/Sec. 1557 Compliance

Coordinator Nebraska Department of Health and Human Services at 301 Centennial Mall South

Lincoln, NE 68509, or by phone at 402-471-4731

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You may also file a complaint with the U.S.

Department of Health and Human Services, office of  
Civil Rights electronically through the Office of 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 1-

800-368-1019, 800-537-7697 (TDD) Complaint forms

are available at

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

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*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, age, or \*sex 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 or if you feel discriminated against, please contact: ADA, Sec.504, and ACA/Sec. 1557 Compliance Coordinator Nebraska Department of Health and Human Services at 301 Centennial Mall South Lincoln, NE 68509, or by phone at 402-471-4731.

You may also file a complaint with the U.S. Department of Health and Human Services, office of Civil Rights electronically through the Office of 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 1-800-368-1019, 800-537-7697 (TDD) Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

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