

## Discrimination is Against the Law

**Miami Jewish Health** complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Miami Jewish Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex, including pregnancy, sexual orientation, and gender identity.

### Miami Jewish Health:

- 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)
- 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 **Joshua Gonzalez, Civil Rights Coordinator**.

If you believe that **Miami Jewish Health** has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, including pregnancy, sexual orientation, and gender identity, you can file a grievance with:

### Joshua Justin Gonzalez

Director of Social Work

Miami Jewish Health

5200 NE 2<sup>nd</sup> Avenue, Miami, FL 33137

Direct Line: 305.795.8070

Fax: 305.762.3896

Email Address: [jgonzalez4@miamijewishhealth.org](mailto:jgonzalez4@miamijewishhealth.org)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, **Joshua Gonzalez, Director of Social Work** 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>, 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>

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 305.795.8070

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 305.795.8070

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 305.795.8070

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis.  
Ligue para 305.795.8070

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 305-762-1449

**ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.  
Appelez le 305.795.8070

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 305.795.8070

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.  
Звоните 305.795.8070

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 305.795.8070

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 305.795.8070

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.  
Rufnummer: 305.795.8070

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 305-762-1449

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.  
Zadzwoń pod numer 305.795.8070

પ્રયુક્ત: જો તમે ગુજરાતી બોલતા હો, તો િન:પરુ ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 305.795.8070

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 305.795.8070