



<p style="text-align: center;"><b>NONDISCRIMINATION AND ACCESSIBILITY REQUIREMENTS</b></p> <p style="text-align: center;"><b>DISCRIMINATION IS AGAINST THE LAW</b></p>
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San Bernardino Mountains Community Hospital District (MCH) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. MCH does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

MCH provides free aids and services to people with disabilities to communicate effectively with us, such as:

- 1) Qualified sign language interpreters
- 2) Free language services to people whose primary language is not English, such as:
  - a. Qualified interpreters
  - b. Information written in other languages

If you need these services and have not been offered them, please contact the Director of Quality and Regulatory Compliance/ Civil Rights Coordinator (name and contact information below).

If you believe that MCH has failed to provide these services on the basis of race, color, national origin, age, disability, or sex, or has discriminated in any other way, you can file a grievance with the Director of Quality and Regulatory Compliance/ Civil Rights Coordinator in person or by mail, fax or email. You can also contact the Director of Quality and Regulatory Compliance/ Civil Rights Coordinator for assistance in filing the grievance.

The name and contact information for the Director of Quality and Regulatory Compliance/ Civil Rights Coordinator is:

Denise Cummins, DNP, RN, WHNP-BC  
Director of Quality and Regulatory Compliance  
Mountains Community Hospital  
P.O. Box 70  
Lake Arrowhead, CA 92352

Telephone: 909-336-3651 (ext. 3301)  
Fax: 909-336-1179  
Email: denise.cummins@mchcares.com

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/cp/complaint\\_frontpage.jsf](https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.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

Telephone: 1-800-368-1019, 1-800-537-7697 (TDD)  
Complaint forms are available at <http://www.hhs.gov/ocr/filing-with-ocr/index.html>  
[Type here]

*Reference: DHHS, Appendix A to Section 92*

