Johns Hopkins health care providers and all employees of Johns Hopkins Medicine comply with applicable Federal civil rights laws and do not discriminate against, exclude, or treat people differently on the basis of race, color, ethnicity, national origin, age, language, physical or mental disability, religion, sex, sexual orientation, and gender identity or expression. Organizations that follow this Notice (collectively “Johns Hopkins Medicine Entities”) include all Johns Hopkins health care providers providing health care to the public at their delivery sites and employees of Johns Hopkins Medicine, including those listed in this Notice.

Johns Hopkins Medicine Entities:

- provide 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); and

- provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need these services, you or your representative may inform a member of your treatment team, such as a nurse, advance practice practitioner, or physician.

If you or your representative believe that the Johns Hopkins Entity from which you are receiving medical services has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you or your representative may contact the Patient Relations office to initiate a formal complaint or grievance.

If you need help with submitting your grievance, you may obtain assistance from the Patient Relations Office or other appropriate point of contact at your Johns Hopkins Medicine Entity at the corresponding phone number below:
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)
ATTENTION: If you speak a non-English language, we offer you language assistance services, free of charge. Call 1-410-614-4685 (TTY: 711).

Amharic


Arabic

ملحوظة: إذا كنت تتحدث اللغة، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 4664-1-410-614 (رقم هاتف الصم واليكم: 111).

Bengali

লঞ্ছনা: যদি আপনি বাংলা বলেন, তাহলে আপনার জন্য ভূমিক ভাষা সহায়তা উপলdatable এটি এটি হবে। ফ্যাকসকারণ 410-614-4685 (TTY: 711)

Burmese

သတိပေး: အကယ်၍ သင်သည် မြန်မာစာများကို ပြောပါက၊ လိုအပ်သူအတွက် ဗားသား အကူအညီအဖြစ် သင့်အတွက် စီစဉ်လျားပါမည်။ ဖုန်းနံပါတ် 1-410-614-4685 (TTY: 711)

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 410-614-4685（TTY：711）。

French


French Creole (Haitian Creole)


German


Greek

ΠΡΟΣΟΧΗ: Αν ομιλείτε ελληνικά, σας παρέχονται δωρεάν υπηρεσίες γλωσσικής βοήθειας. Καλέστε στο 410-614-4685 (Λειτουργία τηλεφώνου κειμένου: 711).

Gujarati

સુચના: જો તમે ગુજરાતી બોલતા હોય, તો તમારા માટે ભૂમિક ભાષાસહાય ઉપલબ્ધ હોય. ફોન કરો 410-614-4685 (TTY: 711).

Hindi

ध्यान दे: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता में भाग लेने के लिए 410-614-4685 (TTY: 711) पर कॉल करें।

Ibo


Italian
