

NONDISCRIMINATION NOTICE

Discrimination is against the law. SFHP Care Plus follows State and Federal civil rights laws. SFHP Care Plus does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

SFHP Care Plus provides:

- Free aids and services in a timely manner to people with disabilities to help them communicate better, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services in a timely manner to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact SFHP Care Plus by calling **1(415) 539-2273** or **1(833) 530-7327** (toll-free). If you cannot hear or speak well, please call TTY **711**. We are open 8:00am–8:00pm, seven days a week from October through March, closed on Saturdays and Sundays from April through September. Upon request, this document can be made available to you in braille, large print, audio, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

SFHP Care Plus
P.O. Box 194247
San Francisco, CA 94119
1(833) 530-7327, TTY 711

HOW TO FILE A GRIEVANCE

If you believe that SFHP Care Plus has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with SFHP Care Plus. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact SFHP Care Plus by calling **1(415) 539-2273** or **1(833) 530-7327** (toll-free). If you cannot hear or speak well, please call TTY **711**.

- In writing: Fill out a complaint form or write a letter and send it to:
SFHP Care Plus
P.O. Box 194247
San Francisco, CA 94119
- In person: Visit your doctor's office or SFHP's Service Center and say you want to file a grievance. SFHP's Service Center is located at 550 Kearny Street, Lower Level, San Francisco, CA 94108.
- Electronically: Visit SFHP's website at **sfhp.org**.
- By fax: **1(415) 547-7825**
- By email: **grievances@sfhp.org**

OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call **1(916) 440-7370**. If you cannot hear or speak well, please call **711** (California Relay Service).
- In writing: Fill out a complaint form or send a letter to:
Deputy Director, Office of Civil Rights
Department of Health Care Services Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413
Complaint forms are available at
http://www.dhcs.ca.gov/Pages/Language_Access.aspx.
- Electronically: Send an email to **CivilRights@dhcs.ca.gov**.

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1(800) 368-1019**. If you cannot hear or speak well, please call TTY **1(800) 537-7697**.
- In writing: Fill out a complaint form or send a letter to:
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.
- Electronically: Visit the Office for Civil Rights Complaint Portal at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**.