



**ARIZONA
ONCOLOGY**



**The US Oncology
Network**

DISCRIMINATION IS AGAINST THE LAW

Arizona Oncology complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Arizona Oncology does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Arizona Oncology

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:

Brian Schade, Director of Operations
Arizona Oncology Compliance, HIPAA Privacy and Security
1760 E. River Road, Suite 350, Tucson, AZ 85718
Telephone: 602-217-8900 / Fax: 602-283-3011

If you believe that Arizona Oncology has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Brian Schade, Director of Operations
Arizona Oncology Compliance, HIPAA Privacy and Security
1760 E. River Road, Suite 350, Tucson, AZ 85718
Telephone: 602-217-8900 / Fax: 602-283-3011

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Arizona Oncology Compliance, HIPAA Privacy and Security 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.htm>

Arizona Oncology cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Arizona Oncology no excluye a las personas ni las trata de forma diferente debido a su origen étnico, color, nacionalidad, edad, discapacidad o sexo.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al: 1-602-217-8900.

Arizona Oncology bik'ehgo h0ji['9n7g77 bidadeeti'7g77 W11shindoon t'11 1t'4 bill'ashdla'ii
bee b1 1dahaazt'i'7g77 bibee haz'32nii d00 doo ak'7j8' nits1h1kees da d77 ninahj8' a['33
dadine'4, dine'4 bik1g7 1t'eh7g77, bin11hai'7g77, nazhnit['ago da, 47 doodaii' asdz1n7 d00
din4 1t'eh7g77.

D77 baa ak0 n7n7zin: D77 saad bee y1n7[ti'go **Diné Bizaad**, saad bee 1k1'1n7da'1wo'd66', t'11
jiik'eh, 47 n1 h0l=, koj8' h0d77lnih 1-602-217-8900.



**ARIZONA
ONCOLOGY**



**The US Oncology
Network**

SECTION 1557 OF THE AFFORDABLE CARE ACT GRIEVANCE PROCEDURE

It is the policy of Arizona Oncology not to discriminate on the basis of race, color, national origin, sex, age or disability. Arizona Oncology has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. § 18116) and its implementing regulations at 45 C.F.R. pt. 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of:

Brian Schade, Director of Operations
Arizona Oncology Compliance, HIPAA Privacy and Security
1760 E. River Road, Suite 350, Tucson, AZ 85718
Telephone: 602-217-8900 / Fax: 602-283-3011

who has been designated to coordinate the efforts of Arizona Oncology to comply with Section 1557.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for Arizona Oncology to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

Procedure

- Grievances must be submitted to the Section 1557 Coordinator within (60 days) of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Section 1557 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 1557 Coordinator will maintain the files and records of Arizona Oncology relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.
- The person filing the grievance may appeal the decision of the Section 1557 Coordinator by writing to: Arizona Oncology Compliance, HIPAA Privacy and Security, 1760 E. River Road,

Suite 350, Tucson, AZ 85718 Telephone: 602-217-8900 / Fax: 602-283-3011 within 15 days of receiving the Section 1557 Coordinator's decision. The Arizona Oncology Compliance, HIPAA Privacy and Security Officer shall issue a written decision in response to the appeal no later than 30 days after its filing.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is 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>. Such complaints must be filed within 180 days of the date of the alleged discrimination.

Arizona Oncology will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.

Arizona Oncology complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Arizona Oncology cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Arizona Oncology no excluye a las personas ni las trata de forma diferente debido a su origen étnico, color, nacionalidad, edad, discapacidad o sexo.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-602-217-8900.

Arizona Oncology bik'ehgo h0ji['9n7g77 bidadeeti'7g77 W11shindoon t'11 1t'4 bil1'ashdla'ii bee b1 1dahaazt'i'7g77 bibee haz'32nii d00 doo ak'7j8' nits1h1kees da d77 ninahj8' a['33 dadine'4, dine'4 bik1g7 1t'eh7g77, bin1 hai'7g77, nazhnit['ago da, 47 doodaii' asdz1n7 d00 din4 1t'eh7g77.

D77 baa ak0 n7n7zin: D77 saad bee y1n7[ti'go **Diné Bizaad**, saad bee 1k1'1n7da'1wo'd66', t'11 jiiik'eh, 47 n1 h0l=, koj8' h0d77lnih 1-602-217-8900.

| | |
|--|---|
|   <p style="text-align: center;">1-602-217-8900</p> | <p style="text-align: center;">INTERPRETERS AVAILABLE</p> <p>Arizona Oncology provides free language services to people whose primary language is not English, such as:</p> <ul style="list-style-type: none"> ▪ Qualified interpreters ▪ Information written in other languages |
| <p>Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-602-217-8900</p> | <p>Diné Bizaad (Navajo) D77 baa ak0 n7n7zin: D77 saad bee y1n7[ti'go Diné Bizaad, saad bee 1k1'1n7da'1wo'd66', t'11 jiik'eh, 47 n1 h0l=, koj8' h0d77lnih 1-602-217-8900</p> |
| <p>繁體中文 (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 1-602-217-8900。</p> | <p>Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-602-217-8900</p> |
| <p>العربية (Arabic) خدمات تتوفر ، اللغة تتحدث كنت إذا ملاحظة 1-602-217-8900 بالرقم اتصل .امجان اللغة مساعدة</p> | <p>Tagalog (Tagalog – Filipino) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-602-217-8900</p> |
| <p>한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-602-217-8900 번으로 전화해 주십시오.</p> | <p>Français (French) ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-602-217-8900</p> |
| <p>Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer 1-602-217-8900</p> | <p>Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-602-217-8900</p> |
| <p>日本語 (Japanese) 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-602-217-8900まで、お電話にてご連絡ください。</p> | <p>فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. 1-602-217-8900 تماس بگیرید.</p> |
| <p>ܐܘܪܝܝܢܐ (Assyrian) ܐܘܪܝܝܢܐ ܐܘܪܝܝܢܐ ܐܘܪܝܝܢܐ ܐܘܪܝܝܢܐ ܐܘܪܝܝܢܐ ܐܘܪܝܝܢܐ ܐܘܪܝܝܢܐ ܐܘܪܝܝܢܐ ܐܘܪܝܝܢܐ 1-602-217-8900 ܐܘܪܝܝܢܐ</p> | <p>Serbo Croatian OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-602-217-8900</p> |
| <p>ภาษาไทย (Thai) เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-602-217-8900</p> | |