



1331 w. 75<sup>TH</sup> Street, Unit 402, Naperville, IL 60540

P: 630.596.8045 F: 630.590.9634

### **NOTICE OF NONDISCRIMINATION**

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

Basko Dermatology:

- 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, please contact Basko Dermatology at 630-596-8045.

If you believe that Basko Dermatology 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 our office manager Marina Yearian, by calling 630-596-8045 ext. 3.

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>.

**(SPANISH) ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-630-596-8045.

**(FRENCH) ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-630-596-8045.

**(POLISH) UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-630-596-8045.

**(RUSSIAN) ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-630-596-8045.

**(GERMAN) ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-630-596-8045.

**(ITALIAN) ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-630-596-8045.

**(GREEK) ΠΡΟΣΟΧΗ:** Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-630-596-8045.

**(MANDARIN) 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 1-630-596-8045.

**(VIETNAMESE) CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-630-596-8045.

**(HINDU) ध्यान दें:** यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-630-596-8045 पर कॉल करें।

**(KOREAN) 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-630-596-8045번으로 전화해 주십시오.

**(TAGALONG) PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-630-596-8045.

**(GUJRATI) સુચના:** જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-630-596-8045.

**(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 1-630-596-8045.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-630-596-8045 رقم ARABIC هاتف

الصم والبكم: 1-630-596-8045.

**(URDU) خبردار:** اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔

كالكرين. 1-630-596-8045



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I acknowledge that I have reviewed and understand the **Notice of Nondiscrimination** provided to me by Basko Dermatology, LLC.

Patient (Authorized Representative) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Authorized Representative: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Address/Phone Number of Authorized Representative: \_\_\_\_\_