

## Nondiscrimination Notice

Discrimination is against the law. Health Plan of San Joaquin follows State and Federal civil rights laws. Health Plan of San Joaquin 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.

Health Plan of San Joaquin provides:

- Free aids and services 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 and other formats)
- 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 Health Plan of San Joaquin between Monday-Friday 8:00 a.m. - 5:00 p.m. by calling **1-888-936-7526**. If you cannot hear or speak well, please call TTY 711 to use the California Relay Service. Upon request, this document can be made available to you in braille, large print, audio, and accessible electronic format. To obtain a copy in one of these alternative formats, please call or write to:

**Health Plan of San Joaquin**  
**7751 South Manthey Road, French Camp, CA 95231**  
**1-888-936-PLAN (7526), TTY 711**

### HOW TO FILE A GRIEVANCE

If you believe that Health Plan of San Joaquin 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 Health Plan of San Joaquin's Civil Rights Coordinator, the Chief Compliance Officer. You can file a grievance in writing, in person, or electronically:

- By phone: Contact between Monday - Friday, 8:00 a.m. - 5:00 p.m. by calling **1-888-936-7526**. Or, 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:

**Health Plan of San Joaquin**  
**Attn: Grievance and Appeals Department**  
**7751 S. Manthey Road, French Camp, CA 95231**  
**1-888-936-PLAN (7526), TTY 711**

By fax: 209-942-6355

- In person: Visit your doctor's office or Health Plan of San Joaquin and say you want to file a grievance.
- Electronically: Visit Health Plan of San Joaquin's website at [www.hpsj.com](http://www.hpsj.com)

If you need help filing a grievance, a Customer Service Representative can help you.

## **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 **916-440-7370**. If you cannot speak or hear well, please call 711 (Telecommunications 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 [www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx)

- Electronically: Send an email to [CivilRights@dhcs.ca.gov](mailto: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 bases 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, by phone or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear 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 [www.hhs.gov/ocr/office/file/index.html](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>.