

## NONDISCRIMINATION NOTICE

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Discrimination is against the law. The County of San Diego Behavioral Health Services (The Plan) follows Federal civil rights laws. The Plan does not discriminate, exclude people, or treat them differently because of race, color, national origin, age, disability, or sex.

The Plan 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, 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 the Access & Crisis Line (ACL) 24 hours a day, 7 days a week by calling 1-888-724-7240. Or, if you cannot hear or speak well, please call 711.

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**Send with ALL NOTICES**

County of San Diego BHS (The Plan) Rv 03/15/18

## **HOW TO FILE A GRIEVANCE**

If you believe that the Plan 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 the Plan. You can file a grievance by phone, in writing, in person, or electronically:

**BY PHONE:** Contact one of the advocate agencies below. Or, if you cannot hear or speak well, please call 711.

For <b>OUTPATIENT</b> services, call the Consumer Center for Health Education and Advocacy (CCHEA)  1-877-734-3258 9:00 a.m. to 5:00 p.m.	For <b>INPATIENT or RESIDENTIAL</b> services, call the JFS Patient Advocacy Program  619-282-1134 or 1-800-479-2233 8:00 a.m. to 5:00 p.m.
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**IN WRITING:** Fill out a grievance form, or write a letter and send it to:

For <b>OUTPATIENT</b> services,  Consumer Center for Health Education and Advocacy (CCHEA) 1764 San Diego Avenue, Suite 200 San Diego, CA 92110	For <b>INPATIENT or RESIDENTIAL</b> services,  JFS Patient Advocacy Program 8804 Balboa Avenue San Diego, CA 92123
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**IN PERSON:** Visit your provider's office or one of the agencies above and say you want to file a grievance.

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## **OFFICE OF CIVIL RIGHTS**

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 speak or hear well, please call **TTY/TDD 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>.

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