NOTICE AND STATEMENT OF NON-DISCRIMINATION

Pediatric Clinic, L.L.P. d/b/a Red Stick Pediatrics ("Pediatric Clinic") complies with applicable U.S. Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Pediatric Clinic does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

- A. Pediatric Clinic provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - 1. Qualified sign language interpreters.
- \$ 2. Written information in other formats (large print, audio, accessible electronic formats, other formats).

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- B. Pediatric Clinic provides free language services to people whose primary language is not English, such as:
 - 1. Qualified interpreters.
 - 2. Information written in other languages.

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If you need these services, contact Dawn Vick, M.D. If you believe that Pediatric Clinic has failed to provide these services or discriminated on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with Dawn Vick, M.D., 12351 Industriplex Blvd., Baton Rouge, Louisiana 70809, Telephone No. 225-926-4400, Facsimile No. 225-926-4409, or via email at dawn.vick@cox.net. You can file a grievance in person, by mail, fax or email. If you need help filing a grievance, Dawn Vick, M.D. 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. Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

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

- B ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 225-926-4400. (English)
- * ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 225-926-4400. **(Spanish)**
- * ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 225-926-4400. (French)
- * CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 225-926-4400. (Vietnamese)
- B 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 225-926-4400. (Chinese)
- B (225) 926-4400 لك وظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك 926-4400 (225) بالمجان. اتصل بالمجان. المجان العبد والبكم (Arabic)
- B PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 225-926-4400. **(Tagalog)**
- B 주의: !"# \$%&'() \$+ ,," \$. \$01# \$234 \$5&'6 \$7 \$89:; . &&09 926-4400 <=4 \$>?@ \$주십시오. (**Korean**)
- * ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 225-926-4400. **(Portuguese)**
- B ^aúñî ≠ỡ: ò≠≠ô≠ö [¶ #ü≠¶≠ §≠, è≠öõ**\$**ê ≠öî ï [♠®ñ≠öü≠¶≠, ^añï õ**∏∑**ë≠, [° ö° Ü® °ß ô≠ö. ^aô£ 225-926-4400. (Laotian)
- * 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。&&096&:9 4400 まで、お電話にてご連絡ください。. (Japanese)
- B پیل دار: اگر آپ ار دو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال (Urdu)
- , ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 225-926-4400 (German)
- 9% & 0. فراهم می باشد. 10/. : اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شه 9% & 0 : 9% & 0 : اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شه 9% & 0 : اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شه 9% & 0 : اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شه 9% & 0 : اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شه 9% & 0 : اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شه 9% & 0 : اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شه 9% & 0 : اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شه 9% & 0 : اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی برای به زبان فارسی گفتگو می کنید، تسهیلات زبانی برای به زبان فارسی گفتگو می کنید، تسهیلات زبانی برای به زبان فارسی به زبان فارسی گفتگو می کنید، تسهیلات زبانی به زبان فارسی به نبای به زبان فارسی به زبا
- В ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.Звоните 225-926-4400. (Russian)
- B เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 225-926-4400. **(Thai)**

NON-DISCRIMINATION GRIEVANCE POLICY & PROCEDURE

POLICY:

It is the policy of **Pediatric Clinic, L.L.P d/b/a Red Stick Pediatrics** ("Pediatric Clinic") not to discriminate on the basis of race, color, national origin, sex, age or disability. Pediatric Clinic 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 CFR part 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 Dawn Vick, M.D., Section 1557 Coordinator, (hereinafter "Coordinator"), 12351 Industriplex Blvd., Baton Rouge, Louisiana 70809, Telephone No. 225-926-4400, Facsimile No. 225-926-4409, who has been appointed to coordinate the efforts of Pediatric Clinic 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 Pediatric Clinic 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 Coordinator within sixty (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 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 Coordinator will maintain the files and records of Pediatric Clinic relating to such grievances. To the extent possible, and in accordance with applicable law, the 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 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than thirty (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 Coordinator by writing to the Chief Executive Officer within fifteen (15) days of receiving the Coordinator's decision. The Chief Executive Officer shall issue a written decision in response to the appeal no later than thirty (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, DC 20201.

Complaint forms are available at: http://www.hhs.gov/ocr/office/file/index.html. Such complaints must be filed within one hundred eighty (180) days of the date of the alleged discrimination.

Pediatric Clinic 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 Coordinator will be responsible for such arrangements.