

PLEASE READ THIS IMPORTANT NOTICE ABOUT PATIENT RIGHTS

Ophthalmic Associates' Non Discrimination and Accessibility Policy

Ophthalmic Associates' goal is for all our patients to have equal access to our high quality care. Ophthalmic Associates complies with applicable Federal and local civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, religion, age, physical or mental disability, or sex.

We provide free and timely appropriate auxiliary aids and services when necessary to ensure individuals with disabilities have an equal opportunity to participate, including:

- Qualified sign language interpreters; and
- Information in alternate formats

We provide free and timely language assistance services when necessary to provide meaningful access for individuals whose primary language is not English, including:

- Qualified interpreters, and
- Information written in other languages

If you need these services, contact our Civil Rights Coordinator who can be reached as follows:

907-276-1617, TTY 1-800-770-8973, Fax 907-264-2665

WWW.akeyedoc.com

Ophthalmic Associates

ATT: Civil Rights Coordinator

542 West 2nd Avenue

Anchorage, Alaska 99501

If you believe we have failed to appropriately provide these services or violated any civil rights laws or our inclusion policies, you can file a grievance with our Civil Rights Coordinator. We welcome the opportunity to equitably and promptly resolve your concerns, so we encourage you to file a grievance if you have any discrimination or equal access related concerns about our services.

You can file a grievance with our Civil Rights Coordinator in person, by mail, fax, or email (see above for contact information). Our form is available at: www.akeyedoc.com. We want our grievance process to be easily accessible, so do not hesitate to ask for help from our Civil Rights Coordinator.

Nothing in this policy is designed to deter or discourage you from exercising any protected rights to report or seek assistance from third parties. For example, you may also be able to file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, by mail or phone or electronically through the Office for Civil Rights Complaint Portal, available at <https://www.ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. The contact information is:

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)

PLEASE READ THIS IMPORTANT POLICY ABOUT OUR NON-DISCRIMINATION AND EQUAL ACCESS GRIEVANCE PROCEDURE

Ophthalmic Associates believes in inclusion and diversity. Ophthalmic Associates prohibits unlawful discrimination on the basis of race, color, national origin, religion, age, physical or mental disability, or sex. If you believe discrimination occurred or there is a barrier to equal access to our services, please use our grievance procedure as described below. We strongly encourage you to use this grievance procedure, so we can promptly and equitably address any violations in accordance with the law and our inclusion and diversity values.

Grievance Process

- Grievances must be submitted to our Civil Rights Coordinator within ninety (90) days of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- Here is the contact information for our Coordinator:
 - o 542 W 2nd Avenue Anchorage, AK 99501
 - o 907-276-1617
 - o TTY: 1-800-770-8973
 - o Fax: 907-264-2665
 - o admin@akeyedoc.com
- A complaint should be in writing, containing the name and address of the person filing it. If you need help with writing or need an alternative format, let our Coordinator know.
- The complaint must state the problem or action alleged to be discriminatory and the resolution sought. Please include as much information and supporting evidence as possible. Witnesses are also encouraged to provide as much information as possible. Let the Coordinator know if you need assistance timely providing the information.
- After receiving the grievance, the Coordinator (or her/his designee) normally conducts an investigation.
- After gathering and reviewing information, the Coordinator issues a written decision, based on preponderance of the evidence, no later than thirty (30) days after its filing, including a notice to the person filing the grievance of their right to pursue further administrative or legal remedies. Where warranted under the circumstances, such as the need to have more time to investigate where information is not immediately available, an extension of this decision deadline may occur. Such extensions should be the exception and not the rule and should not interfere with the requirement that claims are promptly resolved. If a prompt and equitable resolution is furthered by dialogue, including mediation and facilitated meetings, these options may be offered prior to, as part of, or after the written decision.
- The person filing the grievance may appeal the decision of the Coordinator by writing to the President of Ophthalmic Associates within thirty (30) days after receiving the Coordinator's decision. The President of Ophthalmic Associates (or designee) shall issue a written decision in response to the appeal no later than 30 days after its filing. The President of Ophthalmic Associates may request additional information during consideration of the appeal and all interested persons are encouraged to timely provide more information for President of Ophthalmic Associates consideration.
- The Coordinator maintains the files and records relating to these grievances. In accordance with applicable law and our privacy policies, appropriate steps are taken to preserve the confidentiality of these files and records.

In this grievance process, you should be afforded appropriate due process and receive a prompt and equitable resolution to your concern. Let the Coordinator or President of Ophthalmic Associates know if you believe the foregoing grievance goals were not met.

In accordance with applicable law and our inclusion policies, this grievance procedure is accessible to individuals with disabilities and individuals with limited English. Please contact our Coordinator if you need help participating in our grievance procedure. For example, we can provide appropriate auxiliary aids and services or language assistance services. Such arrangements may include, but are not limited to, providing qualified interpreters, providing alternative formats for individuals with low vision, and affording proceeding locations which are accessible in accordance with applicable law.

Retaliation for participating in this grievance process is prohibited in accordance with our policies and any applicable law. Please immediately report any suspected retaliation to the President of Ophthalmic Associates.

This grievance procedure policy is intended to comply with applicable laws including the non-discrimination provision of the Affordable Care Act (Title I's Section 1557) and the implementing regulations. 42 U.S.C. § 18116 and 45 C.F.R. pt. 92. Our Coordinator has copies available for your review.

Note that availability and use of this grievance procedure is not intended to deter or discourage anyone from protected reporting to, or seeking remedies from, third parties such as filing a complaint of discrimination on the basis of race, color, national origin, Religion, sex, age, Physical or mental disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file such 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

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>.

Complaints must be filed within 180 days of the date of the alleged discrimination.

For our non-discrimination notice, please [click here](#).