

## **Citrus Valley Medical Associates Nondiscrimination Notice**

Citrus Valley Medical Associates (CVMA) and its covered entities comply with applicable Federal civil rights laws and does not exclude, deny benefits to, or otherwise unlawfully discriminate based on race, color, gender, sexual orientation, gender identity, national origin, medical condition, physical handicap or disability, mental condition, veteran's status, or age in admission to, participation in or receipt of the services and benefits under any of its programs and activities.

CVMA does not exclude people or treat them differently because of race, color, gender, sexual orientation, gender identity, national origin, medical condition, physical handicap or disability, mental condition, veteran's status, or age. Also prohibited is retaliation of any kind against individuals who file complaints in good faith or who assist in a CVMA investigation.

If you believe that you have been unlawfully discriminated against, you can file a grievance with CVMA by phone or in writing.

- By phone: Call CVMA's Director of Quality Management at 951-808-6240 (if you cannot speak or hear well please call 711)
  - Monday through Thursday, 8 a.m. to 5 p.m.
  - Friday, 8 a.m. to 2 p.m.
- In writing: Mail complaint to CVMA's Director of Quality Management
  - P.O. Box 5089, Norco, CA 92860

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.
- In writing: Fill out a complaint form or write a letter and send it 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  
[http://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).

If you believe you have been discriminated against because 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 or electronically:

- By phone: 1-800-368-1019 (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, DC 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>.