



NOTICE OF NONDISCRIMINATION AND ACA SECTION 1557 GRIEVANCE PROCEDURE

Nondiscrimination Policy

As a recipient of Federal financial assistance, the Los Angeles LGBT Center (Center) does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, or national origin, or on the basis of disability or age in admission to, participation in, or receipt of the services and benefits under the Center of its programs and activities, whether carried out by the Center directly or through a contractor or any other entity with which the Center arranges to carry out its programs and activities.

The above statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91.

Furthermore, the Center does not discriminate against any person on the ground of religion; ethnic group identification; ancestry; sex; gender identity, appearance, or behavior; ability to pay; or condition of physical or mental handicap, in accordance with requirements of Federal and State laws.

In case of questions, please contact: Ward Carpenter, Kari Pacheco, or George Gati
Telephone number: (323) 993-7500
TDD number: (323) 993-7698

Affordable Care Act Section 1557 Grievance Procedure

The Center 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 the following individual, who has been designated by the Center as Section 1557 Coordinator to coordinate the efforts of the Center to comply with Section 1557:

George Gati, RN, Compliance Officer
1625 N. Schrader Blvd.
Los Angeles, CA 90028
(323) 993-7500
(323) 993-7698 (TTY)
(323) 308-4449 (Fax)
complianceoffice@lalgbtcenter.org

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 the Center to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance. The Center 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.

The following steps describe the procedure to follow if you have a grievance under Affordable Care Act Section 1557:

- Step 1** Submit a grievance to the Section 1557 Coordinator within 60 days of the date that you become aware of the action that you believe is discriminatory. The grievance must be in writing and contain your name, address, and contact information; a statement of the problem or action that you believe is discriminatory; and a statement of the remedy or relief that you would like.
- Step 2** The Section 1557 Coordinator will conduct a thorough investigation and issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after you filed it, including a notice of your right to pursue further administrative or legal remedies.
- Step 3** You may appeal the decision of the Section 1557 Coordinator by writing to the Director of Health and Mental Health Services within 15 days of receiving the Section 1557 Coordinator's decision. The Director of Health and Mental Health Services will issue a written decision in response to the appeal no later than 30 days after you file it.

The availability and use of this grievance procedure does not prevent you 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.

You 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
(800) 368-1019

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

You must file complaints made directly to the Office for Civil Rights within 180 days of the date of the action that you believe is discriminatory.

Your signature below acknowledges that you have read and understand the notice of nondiscrimination and ACA Section 1557 grievance procedure.

Signature: _____

Date: _____