
NONDISCRIMINATION NOTICE

Discrimination is against the law. AmericasHealth Plan (AHP) follows State and Federal civil rights laws. AHP does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

AHP 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 AHP between 9 a.m. and 5:30 p.m. by calling **1-800-633-3313**. If you cannot hear or speak well, please call **TTY: 711**. Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats:

Call:
AmericasHealth Plan
1-800-633-3313
If you cannot hear or speak well,
Call TTY: 711

or write to:
AmericasHealth Plan
Attn: Customer Services
1000 Town Center Dr. Suite 410
Oxnard, CA 93030

HOW TO FILE A GRIEVANCE

If you believe that AHP has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with AHP's Grievance and Appeals Department. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact AHP between 9 a.m. and 5:30 p.m. by calling **1-800-633-3313**. If you cannot hear or speak well, please call **TTY: 711**.
- **In writing:** Fill out a complaint form or write a letter and send it to:

AmericasHealth Plan
Attn: Grievance and Appeals
1000 Town Center Dr. Suite 410
Oxnard, CA 93036

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- **In person:** Visit your doctor's office or *AHP* and say you want to file a grievance.

Electronically: Visit *AHP*'s website at www.americashp.com

OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

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 (Telecommunications Relay Service)**.
- **In writing:** Fill out a complaint form or send a letter 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.

- **Electronically:** Send an email to CivilRights@dhcs.ca.gov.

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis 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:** 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>.