

NONDISCRIMINATION NOTICE

Discrimination is against the law. Santa Clara Family Health Plan (SCFHP) follows Federal civil rights laws. SCFHP does not discriminate, exclude people, or treat them differently because of race, color, national origin, age, disability, or sex.

SCFHP 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 SCFHP between 8:30 a.m. and 5:00 p.m., Monday through Friday by calling **1-800-260-2055**. Or, if you cannot hear or speak well, please call **1-800-735-2929** or **711**.

HOW TO FILE A GRIEVANCE

If you believe that Santa Clara Family Health Plan (SCFHP) has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with SCFHP. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact SCFHP between 8:30 a.m. to 5 p.m., Monday through Friday by calling **1-800-260-2055**. Or, if you cannot hear or speak well, please call **1-800-735-2929** or **711**.
- **In writing:** Fill out a complaint form or write a letter and send it to:

**Attn: Appeals and Grievances Department
Santa Clara Family Health Plan
6201 San Ignacio Ave
San Jose, CA 95119**
- **In person:** Visit your doctor's office or SCFHP and say you want to file a grievance.
- **Electronically:** Visit SCFHP's website at www.scfhp.com.

OFFICE OF CIVIL RIGHTS

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>.