

# Children's Healthcare of Atlanta nondiscrimination statement

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Children's Healthcare of Atlanta complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Children's Healthcare of Atlanta does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

## Children's Healthcare of Atlanta:

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

Provides free aids and services to help people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats and more)

If you need these services, contact a registration staff member or call **404-785-KIDS (5437)**.

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If you believe that Children's Healthcare of Atlanta 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 a patient representative at:

- Egleston hospital: **404-785-6163**
- Hughes Spalding hospital: **404-785-9788**
- Scottish Rite hospital: **404-785-5194**
- Ambulatory Care Network and Marcus Autism Center: **404-785-7188**

If you need help filing a grievance, a patient representative will help you.

Visit [choa.org](http://choa.org) for more information.

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You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights electronically through the Office for Civil Rights complaint portal, available at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone at:

**Centralized Case Management Operations**  
**U.S. Department of Health and Human Services**  
**200 Independence Ave. SW**  
**Room 509F, HHH Building**  
**Washington, D.C. 20201**  
**1-800-368-1019**  
**1-800-537-7697 (TDD)**

Visit [hhs.gov/sites/default/files/ocr/civilrights/complaints/discrimhowtofile.pdf](http://hhs.gov/sites/default/files/ocr/civilrights/complaints/discrimhowtofile.pdf) to access complaint forms.



**Children's**  
Healthcare of Atlanta  
*Dedicated to All Better*

## Language

<b>Spanish</b>	ATENCIÓN: Si usted habla español, tiene a su disposición servicios gratuitos de interpretación. Comuníquese con alguien del personal de registros o llame al 404-785-5437.
<b>Vietnamese</b>	CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi có dịch vụ trợ giúp ngôn ngữ miễn phí dành cho quý vị. Xin liên lạc với nhân viên phụ trách ghi danh hay gọi số 404-785-5437.
<b>Korean</b>	알림: 한국어를 사용하는 경우, 언어 지원 서비스(통역)를 무료로 이용하실 수 있습니다. 등록 담당자 또는 다음 번호로 404-785-5437 문의하십시오.
<b>Chinese</b>	注意：如果您使用中文，可以免費獲得語言援助服務。請聯絡登記人員或致電 404-785-5437。
<b>Gujarati</b>	સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. નોંધણી કરનાર સ્ટાફ વ્યક્તિનો સંપર્ક કરો અથવા 404-785-5437 પર ફોન કરો.
<b>French</b>	ATTENTION : si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Veuillez contacter notre personnel chargé de l'enregistrement ou appeler le 404-785-5437.
<b>Amharic</b>	ማሳሰቢያ-አማርኛ ተናጋሪ ከሆኑ፤ ነፃ የሆነ የቋንቋ ሰጠ አገልግሎቶች ለእርስዎ ተዘጋጅተዋል። ከምዝገባ ሰራተኞች ውስጥ አንዳቸውን ያነጋግሩ ወይም በስልክ ቁጥር 404-785-5437 ይደውሉ።
<b>Hindi</b>	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। पंजीकरण की स्टाफ व्यक्ति से संपर्क करें या 404-785-5437 पर फोन करें।
<b>French Creole</b>	ATANSYON: Si ou pale Kreyòl Ayisyen, gen sèvis asistans ak lang disponib pou ou gratis. Kontakte yon manm pèsònèl nan enskripsyon oswa rele nimewo 404-785-5437.
<b>Russian</b>	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Обратитесь к сотруднику регистратуры или позвоните по телефону 404-785-5437.
<b>Arabic</b>	ملاحظة: إذا كنت تتحدث أدخل اللغة، فإن خدمات المساعدة اللغوية تتوفر لك مجاناً. اتصل بموظف 404-785-5437 تسجيل أو على الرقم .
<b>Portuguese</b>	ATENÇÃO: Se você fala português, serviços de assistência ao idioma estão disponíveis gratuitamente. Entre em contato com o departamento de cadastro, ou ligue para 404-785-5437.
<b>Farsi</b>	توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی به صورت رایگان در دسترس شما قرار می گیرد. برای کسب اطلاعات بیشتر با یکی از کارکنان بخش ثبت نام تماس بگیرید یا با شماره 404-785-5437 تماس حاصل نمایید.
<b>German</b>	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Wenden Sie sich an das Anmeldepersonal oder wählen Sie die Rufnummer 404-785-5437.
<b>Japanese</b>	注意事項：日本語での言語サポートを無料で提供しています。レジストレーション・スタッフ、または 404-785-5437 までお問い合わせください。