

Section 1557 Nondiscrimination and Accessibility Requirements  
Nondiscrimination Statement:  
Discrimination is Against the Law

Westover Hills Primary Care **complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Westover Hills Primary Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.**

Westover Hills Primary Care, upon request:

- Provides free aids and services to people with disabilities to communicate effectively with Clinic staff, such as
- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides 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, please contact the Clinic, Local Health Department or Health Insurance Marketplace directly 210-802-3777

If you believe that the Clinic 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: Anatoly Koretsky, Compliance Officer, Westover Hills Primary Care, 9022 Culebra Rd, Ste 122, San Antonio, TX 78251, 210-802-3777 (voice), (210) 819-4555 (Fax), [info@westoverhillspriamarycare.com](mailto:info@westoverhillspriamarycare.com) (email).

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Anatoly Koretsky is available to help you.

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 <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, 1-800-868-1019, 800-537-7697 (TDD).

Complaint forms are available at

<http://www.hhs.gov/ocr/office/file/index.html>.