

## Human Resources Department

Dodi Shaw, Director of Human Resources

501 North Thompson, Suite 400

Conroe, TX 77301

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dodi.shaw@mctx.org



## Risk Management Department

Virginia Little, Director of Risk Management

501 North Thompson, Suite 202

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virginia.little@mctx.org

**To:** Elected Official and Department Heads

**From:** Dodi Shaw  
Virginia Little

**Date:** December 30, 2016

**Subject:** Notice of Non-Discrimination

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Effective January 1, 2017, a Notice of Non-Discrimination is required under Section 1557 of the Patient Protection and Affordable Care Act (ACA) to be issued and posted by Montgomery County, TX for the Montgomery County Employee Benefit Plan in a visible site within each department.

Section 1557 is the nondiscrimination provision of the Affordable Care Act (ACA). The law prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs or activities. Section 1557 builds on long-standing and familiar Federal civil rights laws: Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975. Section 1557 extends nondiscrimination protections to individuals participating in:

- Any health program or activity any part of which received funding from HHS
- Any health program or activity that HHS itself administers
- Health Insurance Marketplaces and all plans offered by issuers that participate in those Marketplaces.

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### Notice of Non-Discrimination

**Montgomery County Employee Benefit Plan** complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

**Montgomery County Employee Benefit Plan** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

#### **Montgomery County Employee Benefit Plan:**

- Provides free aids and services to 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, 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, contact the **Director of Human Resources, Dodi Shaw**

If you believe that **Montgomery County Employee Benefit Plan** 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: **Dodi Shaw, Director of Human Resources, 501 N Thompson #400, Conroe, TX 77301, Phone 936-539-7886, Fax 936-788-8396, Email [dodi.shaw@mctx.org](mailto:dodi.shaw@mctx.org)**. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, **Dodi Shaw, Director of Human Resources** 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, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

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

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-936-539-7886.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-936-539-7886.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-936-539-7886。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.  
1-936-539-7886 번으로 전화해 주십시오.

مقرب لصتا . ناجملا بلكل رفاوتتة تيوغللا قد عاسملا تامدخن إلف، تامللا ركاذ ثدحتت تنك إذا : تظوحم 1-936-539-7886 مقبر )  
مكبلوا مصلا فتاه.

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال  
1-936-539-7886

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-936-539-7886.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-936-539-7886.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-936-539-7886  
पर कॉल करें।

توجه: اگر شما اسپانیایی صحبت می کنید، شما می خدمات کمک زبان  
رایگان در دسترس هستند. پاسخ 1-936-539-7886).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-936-539-7886.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે.  
ફોન કરો 1-936-539-7886

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-936-539-7886.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-936-539-7886 まで、お電話にてご連絡ください。

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັ້ນຄ່າ,

ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-936-539-7886.

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