



CORE: Notice of Non-Discrimination

H-PC 09-011

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Facility Specific Addendum Attached - Review All of Policy and Addendum Pages
(Check if State Specific and/or Facility Specific Policy Addendum is attached)

PURPOSE

This policy establishes guidelines for notice of non-discrimination. Kindred will admit and treat all patients without regard to race, color, creed, national origin, sex, age, disability, or infectious disease (e.g., Acquired Immunodeficiency Syndrome).

POLICY

The policy of Kindred Hospital is to ensure the following:

1. There is no distinction in a provider's eligibility for providing patient services to any of our patients based on race, color, creed, national origin, age, sex, disability, or infectious disease.
2. There is also no distinction in the manner for providing patient services to any of our patients based on race, color, creed, national origin, age, sex, disability, or infectious disease. Further, all patient care policies, procedures and decisions shall be made without regard to race, color, creed, national origin, age, sex, disability, or infectious disease.
3. Kindred Healthcare provides for individualized assessment of risks and for accommodations to minimize risks through the hospital Infection Control Program.
4. To accommodate individuals with a disability or who speak a language other than English, Kindred provides the below resources. Patients who need these resources should contact the hospital CEO.
 - a. Free aids and services to people with disabilities to communicate effectively with Kindred, including:
 - i. Qualified sign language interpreters
 - ii. Written information in other formats (large print, audio, accessible electronic formats)
 - b. Free language services to people whose primary language is not English, including:
 - i. Qualified interpreters
 - ii. Information written in other languages
5. All persons and or organizations having the occasion to either refer or recommend a Kindred Hospital are advised to do so without regard to a patient's race, color, creed, national origin, age, sex, disability, or infectious disease.
6. Patients who believe that Kindred has a.) Failed to provide the above listed services to accommodate the individual for their disability or speaking a language other than English; or b.) Discriminated in another way on the basis of race, color, creed, national origin age, disability, sex, or infectious disease can file a grievance with the hospital CEO/designee. The hospital CEO/designee is available to help patients who need assistance in filing such a grievance.
7. Patients may 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:



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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>.

- This policy is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Section 1557 of the Patient Protection and Affordable Care Act of 2010.

DEFINITIONS

Not applicable

PROCEDURE

Not applicable



References

- Title VI of the Civil Rights Act of 1964
- Section 504 of the Rehabilitation Act of 1973
- Age Discrimination Act of 1975
- Section 1557 of the Patient Protection and Affordable Care Act of 2010