



## NONDISCRIMINATION NOTICE

---

Discrimination is against the law. L.A. Care Health Plan follows State and Federal civil rights laws. L.A. Care Health Plan does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

L.A. Care Health Plan 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 L.A. Care Health Plan 24 hours a day, 7 days a week, including holidays, by calling **1-844-854-7272**. If you cannot hear or speak well, please call **TTY 711**. Upon request, this document can be made available to you in braille, large print, audio cassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

L.A. Care Health Plan  
Member Services Department  
1055 West 7th Street, 10th Floor  
Los Angeles, CA 90017  
1-844-854-7272  
TTY: 711

M2540 0921

---

## **HOW TO FILE A CIVIL RIGHTS GRIEVANCE**

If you believe that L.A. Care Health Plan has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with L.A. Care Health Plan Chief Compliance Officer. You can file a civil rights grievance by phone, in writing, in person, or electronically:

- **By phone**: Contact L.A. Care Health Plan Chief Compliance Officer, 24 hours a day, 7 days a week, including holidays, by calling **1-844-854-7272**. Or, if you cannot hear or speak well, please call **TTY 711**.
- **In writing**: Fill out a complaint form or write a letter and send it to:

L.A. Care Health Plan Chief  
Compliance Officer  
1055 West 7th Street, 10th Floor  
Los Angeles, CA 90017

Email: [civilrightscoordinator@lacare.org](mailto:civilrightscoordinator@lacare.org)

- **In person**: Visit your doctor's office or L.A. Care Health Plan and say you want to file a civil rights grievance.
- **Electronically**: Visit L.A. Care Health Plan website at [www.lacare.org/members/members-support/file-grievance/grievance-form](http://www.lacare.org/members/members-support/file-grievance/grievance-form) or send an email to [civilrightscoordinator@lacare.org](mailto:civilrightscoordinator@lacare.org).

---

## **OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, 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>.