



NOTICE Discrimination Is Against the Law

Mayo Clinic complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, creed, religion, gender, marital status, sex stereotypes, sex characteristics, sexual orientation, gender identity or expression, veteran status, status with regard to public assistance, national origin, disability, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities.

Mayo Clinic:

- Provides free aids and services to people with disabilities to communicate effectively, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, and 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 Office of Patient Experience or visit [MayoClinic.org](https://www.mayoclinic.org). If you believe that Mayo Clinic has failed to provide these services or discriminated in another way on the basis of race, color, creed, religion, gender, marital status, sex stereotypes, sex characteristics, sexual orientation, gender identity or expression, veteran status, status with regard to public assistance, national origin, disability, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, you can file a grievance with: 1557 Coordinator, Office of Patient Experience, 200 First Street SW, Rochester, Minnesota 55905, 1-844-544-0036.

You can file a grievance in person or by mail. If you need help filing a grievance, the Mayo Clinic Office of Patient Experience 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. File electronically through the Complaint Portal at <https://ocrportal.hhs.gov/ocr>.

File by mail: U.S. Department of Health and Human Services,
200 Independence Ave SW, Room 509F, HHH Building, Washington, DC 20201

File by phone: 1-800-368-1019

Complaint files are available at <https://www.hhs.gov/ocr/complaints/>.

ATTENTION: Free language assistance services are available to you. Call 1-844-544-0036.

ຂໍ້ຄວນໃສໃຈ: ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພຣີເມັນມີ ໃຫ້ແກ່ທ່ານ. ໂທ 1-844-544-0036.

ATENCIÓN: tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-544-0036

تنبيه: تتوفر لك خدمات المساعدة اللغوية مجاناً.
اتصل بالرقم 1-844-544-0036

FIIRO GAAR AH: Waxaa kuu diyaar ah adeegyada caawimaada luuqadda oo bilaash ah. Wac 1-844-544-0036.

ВНИМАНИЕ! Вы можете бесплатно воспользоваться услугами переводчика. Звоните по номеру 1-844-544-0036

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-544-0036

PAŽNJA: dostupne su vam usluge besplatne jezične pomoći. Pozovite 1-844-544-0036.

谨此提醒, 您可以享受免费的语言协助服务。请致电1-844-544-0036。

ဟ်သုဉ်ဟ်သး - ကျိတ်တၢ်မၤစၢၤအတၢ်တိၢ်စၢၤမၤစၢၤအပုၤကလီၤတဖၣ်အိၣ်ဝဲဒၣ်လၢနဂီၢ်လီၤ. ဆဲးကျိး 1-844-544-0036.

주의: 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-544-0036번으로 전화해 주십시오.

ចំណាំ: សេវាជំនួយភាសាភាគតិចផ្លូវមានសម្រាប់អ្នក។ ទូរសព្ទទៅលេខ 1-844-544-0036។

ATTENTION : Des services d'aide linguistique gratuits sont à votre disposition. Appelez le 1-844-544-0036.

NEENİ DØC: Da køny mar dhøk mo nut kiperi. Göönyi ki yi 1-844-544-0036.

NCO NTSOOV: Peb yeej muaj cov kev pab txhais lus dawb rau koj. Hu rau 1-844-544-0036.

គម្រិត្តិទ្រង់គម្រិត្តិមហន: ល្អម្រិត្តិមហន គម្រិត្តិមហន្តិបម្រិត្តិ ព្រាម្រិត្តិ គម្រិត្តិឧបត្ថម្ភមហន្តិបម្រិត្តិគម្រិត្តិ មន្ត មន្ត មន្តមហន្តិ ធម៌ ឧបត្ថម្ភមហន្តិ មហន្តិ 1-844-544-0036 គម្រិត្តិ គម្រិត្តិ