OCR NOTICE OF NONDISCRIMINATION

Bielinski Dermatology Group LLC

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

Bielinski Dermatology Group LLC

does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Bielinski Dermatology Group LLC

• Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- o Qualified sign language interpreters
- o Written information in other formats (large print, audio, accessible electronic formats)

• Provides free language services to people whose primary language is not English, such as:

- o Qualified interpreters
- o Information written in other languages

If you need these services, contact Ida Cervantes

If you believe that Bielinski Dermatology Group LLC

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:

Idea Cervantes: Practice A$dministrator

16105 S LaGrange Dr Orland Park, IL 60467

708.636.3767

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Ida Cervantes: Paractice Administrator   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

Toll Free: 1-800-868-1019,
800-537-7697 (TDD).

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

Appendix A to Part 92—Sample Notice Informing Individuals About Nondiscrimination and Accessibility Requirements and Sample Nondiscrimination Statement: Discrimination is Against the Law

[Name of covered entity] complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. [Name of covered entity] does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

[Name of covered entity]:

• Provides free aids and services to people with disabilities to communicate effectively with us, such as:

      o Qualified sign language interpreters

      o 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:

      o Qualified interpreters

      o Information written in other languages

If you need these services, contact [Name of Civil Rights Coordinator]

If you believe that [Name of covered entity] 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: [Name and Title of Civil Rights Coordinator], [Mailing Address], [Telephone number], [TTY number—if covered entity has one], [Fax], [Email]. You can file a

grievance in person or by mail, fax, or email. If you need help filing a grievance, [Name and Title of Civil Rights Coordinator] 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.

OCR Recommended Faxing Checklist

☐	Carefully check the fax number to make sure you have the correct number for the intended recipient. When you manually enter the number, check to see that it has been entered correctly before sending.
☐	Confirm the fax number with the intended recipient when faxing to this party for the first time or if the fax number is not regularly used.
☐	Program regularly used numbers into fax machines. Check to make sure you are selecting the preprogrammed number for the correct party before sending.
☐	Update fax numbers promptly upon receipt of notification of correction or change. Have procedures for deleting outdated or unused numbers which are preprogrammed into the fax machine.
☐	Locate fax machines in areas where access can be monitored and controlled and avoid leaving patient information on fax machines after sending.
☐	Have policies and procedures in place to safeguard PHI that is faxed, including processes to act promptly on (1) changes in fax numbers to ensure corrections are made in all the relevant records; and (2) reports of a misdirected fax to identify the cause and take steps to prevent future incidents, including revising the organization's policies and procedures.
☐	Train staff on the policies and procedures for the proper use of fax machines that your organization has put into place to safeguard PHI during faxing. Update the training periodically and be sure to train new staff.

OCR Recommended Mailing Checklist

☐	Carefully check name and address of intended recipient. Many names are similar; make sure you have the correct name for the intended recipient on the envelope. Make sure the address on the envelope matches the correct address of the intended recipient.
☐	Carefully check the contents of the envelope before sealing. Make sure the contents may be permissibly disclosed to the intended recipient or properly relate to the individual. Check all pages to make sure records or material related to other individuals are not mistakenly included in the envelope.
☐	Check the information on the outside of the envelope or through the address window. Make sure identifying information that is not necessary is removed to ensure proper delivery and that PHI is not disclosed.
☐	When doing mass mailings, do a test run to ensure the system is properly performing and check at least a sample of the mailings for the accuracy of name and address of the intended recipients and the correct contents, as indicated above, before sending.
☐	Have policies and procedures in place to safeguard PHI that is mailed, including processes to act promptly on (1) name and address changes to ensure corrections are made in all the relevant records; and (2) reports of misdirected mail to identify the cause and take steps to prevent future incidents.
☐	Train staff on the mailing procedures that your organization has put in place to safeguard PHI during mailing. Update the training periodically and be sure to train new staff.