

Send with all notices

NONDISCRIMINATION NOTICE

Discrimination is against the law. The *Orange County Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS)* follows Federal civil rights laws. *Orange County MHP and DMC-ODS* does not discriminate, exclude people, or treat them differently because of race, color, national origin, age, disability, or sex.

Orange County MHP and DMC-ODS 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 *Orange County MHP or DMC-ODS* 24 hours a day, 7 days a week by calling (800) 723-8641. Or, if you cannot hear or speak well, please call (800) 723-8641.

HOW TO FILE A GRIEVANCE

If you believe that *Orange County MHP or DMC-ODS* 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 *Orange County MHP or DMC-ODS*. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact the *Orange County MHP or DMC-ODS* between 8:00 AM and 5:00 PM Monday through Friday by calling (866) 308-3074. Or, if you cannot hear or speak well, please call (866) 308-3073.

- **In writing:** Fill out a grievance form, or write a letter and send it to:

*Orange County MHP and DMC-ODS
405 W. 5th Street Suite 410
Santa Ana, CA 92701*

- **In person:** Visit your provider's office or *Orange County MHP or DMC-ODS* and say you want to file a grievance.
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OFFICE OF CIVIL RIGHTS

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>.