



NON-DISCRIMINATION AND ACCESSIBILITY REQUIREMENTS NOTICE

Westchester Medical Center Health Network (“WMCHealth”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). WMCHealth does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

WMCHealth provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Patient Experience team for assistance.

WMCHealth Patient Experience Contact Numbers	
Advanced Physician Services (APS)	914-655-2273
Behavioral Health Center	914-493-8877
Bon Secours Community Hospital	845-858-7152
Good Samaritan Hospital	845-368-5111 or 845-368-5595
HealthAlliance Hospital	845-450-5029 or 845-417-7692
Maria Fareri Children’s Hospital	914-493-8877
Margaretville Hospital	845-450-5029 or 845-417-7692
MidHudson Regional Hospital	845-483-5565
St. Anthony’s Community Hospital	845-987-5240
Westchester Medical Center	914-493-8877
Patient Experience (wmchealth.org)	

If you believe that WMCHHealth 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 the Section 1557 Coordinator:

Vice President for Patient Experience
100 Woods Road,
Valhalla, New York 10595
914-493-8877
PatientExperience@wmchealth.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 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>