



NONDISCRIMINATION STATEMENT

As a recipient of Federal financial assistance, National HealthCare Corporation (NHC) complies with applicable Federal Civil Rights laws and does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, national origin, religion, sex, gender, gender identity, sexual orientation, or on the basis of disability or age in admission to, participation in, or receipt of the services and benefits under any of its health programs and activities, and in staff and employee assignments to patients, whether carried out by NHC directly or through a contractor or any other entity with which NHC arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964 (nondiscrimination on the basis of race, color, national origin), Section 504 of the Rehabilitation Act of 1973 (nondiscrimination on the basis of disability), the Age Discrimination Act of 1975 (nondiscrimination on the basis of age), Section 1557 of the Patient Protection and Affordable Care Act of 2010, 42 U.S.C. § 18116, and regulations of the U.S. Department of Health and Human Services issued pursuant to these three statutes at Title 45 Code of Federal Regulations Parts 80, 84, 91, and 92.

NHC :

- Provides free aids and services to people with disabilities 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 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 Section 1557 Coordinator listed below.

In case of questions concerning this policy, or in the event of a desire to file a complaint alleging violations of the above, you may do so in person or by mail, fax, or email by contacting:

Section 504/1557 Coordinator:

Kitty Locke, Compliance and Privacy Officer

Mailing Address:

National HealthCare Corporation

100 East Vine Street

Murfreesboro, TN 37130

Telephone Number: **615-890-2020**

Fax Number: **615-278-1232**

TDD or State Relay Number: **711**

Email Address: **klocke@nhccare.com**

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, 1-800-368-1019, 800-537-7697 (TDD).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-615-890-2020 (TTY: 711). (Spanish)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-615-890-2020 (TTY : 711)。(Chinese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-615-890-2020 (TTY: 711). (Vietnamese)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-615-890-2020 (TTY: 711)번으로 전화해 주십시오. (Korean)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-615-890-2020 (TTY:711). (Tagalog)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-615-890-2020 (телетайп: 711). (Russian)

مقر (1-2020 890-615) مقرب لصتا. ناچملا ب كل رفاوتت ٲيوغلا ءدعاسملا تامدخ ناف، ءةغلا ركذا تءحتت تنك اذ: ءظوالم مكبلو مصلا فئاھ: (711). (Arabic)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-615-890-2020 (TTY: 711). (French –Creole)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-615-890-2020 (ATS : 711). (French)

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-615-890-2020 (TTY: 711). (Portugese)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-615-890-2020 (TTY: 711). (German)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-615-890-2020 (TTY:711) まで、お電話にてご連絡ください。(Japanese)

شما ياريد ناگيار تروصب ي نابز تالايهست، دينك مي وگتنگ ي سراف نابز به رگا: مچوت (Persian) با. دشاد مي مهارف (TTY: 711) ديريگ سامت 1-2020-890-615.

ध्यान दः यद आप ह्दी बोलते ह् तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1-615-890-2020 (TTY:711) पर कॉल कर। (Hindi)

સુ ના: જો તમે જુરાતી બોલતા હો, તો િનઃક ભાષા સહાય સેવાઓ તમારા માટ ઉપલબ્ધ છે ફોન કરો 1-615-890-2020 (TTY: 711). (Gujarati)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-615-890-2020 (መስማት ለተሳናቸው፡ 711). (Amharic)