

Planned Parenthood Southeast, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Planned Parenthood Southeast, Inc. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

- Planned Parenthood Southeast, Inc. provides free aids and services to people with disabilities to communicate effectively with us such as qualified sign language interpreters and written information in other formats (larger print, audio, accessible electronic formats, or other formats).
- Planned Parenthood Southeast, Inc. provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need these services, then please contact 404-688-9300.

If you believe that Planned Parenthood Southeast, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, then you can file a grievance with: 404-688-9300. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, then 404-688-9300 is available to help you. You also can 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- 800-868-1019, 800-537-7697 (TDD)

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

- ATTENTION: Language assistance services, free of charge, are available to you. Please contact 404-688-9300.
- Atención: los servicios de asistencia lingüística, gratuitos, están disponibles para usted. Por favor llame al 404-688-9300.
- Chú ý: Dịch vụ hỗ trợ ngôn ngữ, miễn phí, có sẵn cho bạn. Vui lòng gọi 404-688-9300.
- 주의 : 언어 지원 서비스가 무료로 제공됩니다. 404-688-9300으로 전화하십시오. juui : eon-eo jiwon seobiseuga mulyolo jegongdoebnida. 404-688-9300eulo jeonhwahasibsio.
- 注意 : 免费提供语言帮助服务。请致电404-688-9300 Zhùyì: Miǎnfèi tígōng yǔyán bāngzhù fúwù. Qǐng zhìdiàn 404-688-9300.
- ધ્યાન: ભાષા સહાય સેવાઓ, નિ: શુલ્ક, તમારા માટે ઉપલબ્ધ છે. કૃપા કરીને 404-688-9300 પર ક .લ કરો. Dhyāna: Bhāṣā sahāya sēvā'ō, ni: Śulka, tamārā māṭē upalabdha chē. Kṛpā karīnē 404-688-9300 para ka.La karō.
- Attention: des services d'assistance linguistique gratuits sont à votre disposition. S'il vous plaît appelez 404-688-9300.
- ትኩረት የቋንቋ ድጋፍ አገልግሎቶች ያለ ክፍያ እርስዎ ይገኛሉ :: እስከዎ በ 404-688-9300 ይደውሉ :: tikureti yek'wanik'wa digafi āgeligilotochi yale kifiya irisiwo yigenyalu :: ibakiwo be 404-688-9300 yidewilu ::

- ध्यान: भाषा सहायता सेवाएं, आपके लिए निःशुल्क उपलब्ध हैं। कृपया 404-688-9300 पर कॉल करें। dhyaan: bhaasha sahaayata sevaen, aapake lie nihshulk upalabdh hain. krpaya 404-688-9300 par kol karen.
- Atansyon: Sèvis asistans lang, gratis, disponib pou ou. Tanpri rele 404-688-9300.
- Внимание: Вам бесплатно предоставляются услуги языковой помощи. Пожалуйста, звоните 404-688-9300. Vnmaniye: Vam besplatno predostavlyayutsya uslugi yazykovoy pomoshchi. Pozhaluysta, zvonite 404-688-9300.

انتباه: تتوفر خدمات المساعدة اللغوية  
مجانيًا. يرجى الاتصال 404-688-9300.

aintibah: tatawafar khadamat almusaeadat allughawiat mjanana. yrja alaitisal 404-688-9300.

- Atenção: Serviços de assistência linguística, gratuitos, estão disponíveis para você. Ligue para 404-688-9300.

توجه: خدمات کمک به زبان ،  
رایگان ، در دسترس شما است. لطفا  
با شماره 404-688-9300 تماس  
بگیرید.

- Achtung: Die Sprachunterstützung steht Ihnen kostenlos zur Verfügung. Bitte rufen Sie die Nummer 404-688-9300 an.
- 注意: 言語支援サービスは無料で利用できます。404-688-9300にお電話ください。  
Chūi: Gengo shien sâbisu wa muryō de riyō dekimasu. 404 - 688 - 9300 Ni o denwa kudasai.

By signing, I am acknowledging receipt of this document.

\_\_\_\_\_  
Signature of Patient (and person authorized to sign for patient when required)

\_\_\_\_\_  
Date