

## Notice of Non-Discrimination

Daniel T. Lantz, O.D. understands that discrimination is against the law and complies with all applicable Federal and State civil rights laws. Specifically, we do not discriminate on the basis of race, color, national origin, age, disability or sex. We do not exclude patients or treat them any differently based on any of these factors.

When necessary and free of charge to the patient, Daniel T. Lantz, O.D.

- Provides aids and services to patients with disabilities when necessary to effectively communicate with them
- Provides qualified sign language interpreters for hearing impaired patients
- Provides language services to those patients who cannot effectively communicate in English. This may include qualified interpreters or written information.

If you believe Daniel T. Lantz, O.D. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you may file a grievance with:

Jane Lantz  
203 South 16<sup>th</sup> St  
Clarinda, Iowa 51632  
PH: 712-542-6521  
FAX: 712-542-4209  
e-mail: [jlantz@drlantz2020.com](mailto:jlantz@drlantz2020.com)

You may file your grievance in person, by mail, fax or email. If you need assistance filing a grievance, Jane Lantz is available to assist you.

You may also file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights two ways:

- (1) Electronically through the Office of Civil Rights Complaint Portal:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

- (2) By mail or phone at:

US Department of Health and Human Services  
200 Independence Avenue SW Room 509F, HHH Building  
Washington, DC 20201

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

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>

Availability of Language Assistance

<p>ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 712-542-6521.</p>	
<p>ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 712-542-6521.</p>	<p>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 712-542-6521.</p>
<p>CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 712-542-6521.</p>	<p>OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 712-542-6521.</p>
<p>ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 712-542-6521.</p>	<p>712-542-6521 - تَ حَدَّثْتُكَ نَتَّ إِذَا بِأَحْوَاظِكُمْ - ال لغوية المساعدة خدمات في إن اللغة، اذكر ب رقم ات صل ب الامجان لك ت توافق</p>
<p>ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 712-542-6521.</p>	<p>(주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 712-542-6521.</p>
<p>ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 712-542-6521.</p>	<p>ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 712-542-6521.</p>
<p>Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 712-542-6521.</p>	<p>PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 712-542-6521.</p>
<p>PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 712-542-6521.</p>	<p>ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 712-542-6521.</p>
<p>ဟံသျှင်ဟံသး- နမူကတိ၊ ကညီ ကျိအယိ၊ နမူနူ ကျိအတိမ၊စ၊လ၊ တလက်ဘူလ်စု၊ နိတံဘာ်သုနူလီ၊ ကိ: 712-542-6521.</p>	

## Non-Discrimination Grievance Procedures

It is the policy of Daniel T. Lantz, O.D. to not discriminate on the basis of race, color, national origin, sex, age or disability. Daniel T. Lantz, O.D. has adopted an internal grievance resolution procedure for prompt and equitable resolution of any allegation of discrimination as prohibited by Section 1557 of the Affordable Care Act. These actions may be examined by any patient by contacting Jane Lantz:

Jane Lantz  
203 South 16<sup>th</sup> St  
Clarinda, Iowa 51632  
PH: 712-542-6521  
FAX: 712-542-4209  
e-mail: [jlantz@drlantz2020.com](mailto:jlantz@drlantz2020.com)

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for Daniel T. Lantz, O.D. to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

### Procedure:

- Grievances must be submitted to the Grievance Coordinator within (60 days) of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Grievance Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint.
- The Grievance Coordinator will maintain the files and records of Daniel T. Lantz, O.D. relating to such grievances. To the extent possible, and in accordance with applicable law, the Grievance Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Grievance Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.
- The person filing the grievance may appeal the decision of the Grievance Coordinator by writing to Daniel T. Lantz, O.D. within 15 days of receiving the Grievance Coordinator's decision. Daniel T. Lantz, O.D. shall issue a written decision in response to the appeal no later than 30 days after its filing.

Daniel T. Lantz, O.D. will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is 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 1-800-537-7697 (TDD)