

Sample Nondiscrimination Notice required by WAC 284-43-5980(3), for use after November 2, 2024

[Name of covered entity] complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity. [Name of covered entity] does not exclude people or treat them less favorably because of race, color, national origin, age, disability, sex, sexual orientation or gender identity.

[If applicable]: [Name of the covered entity] currently holds a [religious and/or conscience] exemption from the HHS Office for Civil Rights, which exempts [name of the covered entity] from complying with [list provisions of Section 1557 to which the exemption applies, and the scope/terms of that exemption]. This exemption from HHS does not exempt [Name of covered entity] from compliance with all Washington State anti-discrimination requirements.

[Name of covered entity]:

* 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 [name of Civil Rights Coordinator].

If you believe that [Name of covered entity] has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity you can file a grievance with: [Name and Title of Civil Rights Coordinator], [Mailing Address], [Telephone number], [TTY number—if covered entity has one], [Fax], [Email]. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, [Name and Title of Civil Rights 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,](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.](http://www.hhs.gov/ocr/office/file/index.html)
* The Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal available at [https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status,](https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status) or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx>

2