

COASTAL ALLERGY CARE

Nondiscrimination and Accessibility Requirements and Nondiscrimination Statement: Discrimination is Against the Law

Coastal Allergy Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Coastal Allergy Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Coastal Allergy Care:

- 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, contact Coastal Allergy Care.

If you believe that Coastal Allergy Care 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: Administrator / Title of Civil Rights Coordinator, 2412 N Ponderosa Dr. Suite B111, Camarillo, CA 93010; Telephone: 805-482-8989, FAX 805-987-2855, Email: admin@cacoffice.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Administrator / 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>, 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>.

Get Help in Other Languages

If you need help or speak a non-English language, call 1-800-368-1019 (TTY: 1-800-537-7697), and you will be connected to an interpreter who will assist you at no cost.

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1 (800) 368-1019 (TTY: 1 (800) 537-7697).

- [Hojas de datos - sobre las leyes en contra de la discriminación](#)
- [Derechos sobre la confidencialidad de la información sobre su salud](#)

繁體中文 (Chinese)

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 (800) 368-1019 (TTY：文字電話：1 (800) 537-7697)。

- [事實紙頁-關於反.視的法律](#)
- [您的健康資訊隱私權](#)
- [您的健康信息隐私权](#)

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1 (800) 368-1019 (TTY: 1 (800) 537-7697).

- [T Thông Tin - v các điều luật chng phân biệt đối xử](#)
- [Quyền Bảo mật Thông tin Sức khỏe của Quý vị](#)

한국어(Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1 (800) 368-1019번 (TTY: 1 (800) 537-7697번)으로 전화하십시오.

- [정보 안내서 -- 차별 금지법에 관한 정보](#)
- [개인의 의료 정보 보호 권리](#)

Tagalog (Tagalog)

PAUNAWA: Kung nagsasalita ka ng Tagalog, may mga libreng serbisyo para sa tulong sa wika na maaari mong gamitin. Tumawag sa 1 (800) 368-1019 (TTY: 1 (800) 537-7697).

- [Paunawa - tungkol sa mga batas laban sa diskriminasyon](#)
- [ANG IYONG MGA KARAPATAN SA PAGKAPRIBADO NG IMPORMASYONG PANGKALUSUGAN](#)

Русский (Russian)

ВНИМАНИЕ! Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните по номеру 1 (800) 368-1019 (телетайп: 1 (800) 537-7697).

- [Информационные листки о законах, запрещающих дискриминацию](#)
- [ВАШИ ПРАВА НА ЗАЩИТУ КОНФИДЕНЦИАЛЬНОСТИ МЕДИЦИНСКОЙ ИНФОРМАЦИИ](#)

العربية (Arabic)

والا بكم الصم هتاف) 1 (800) 537-7697: والامجان لك توافر ال لغوية المساعدة خدمات ف إن العرب ية، ت تحدث ك نت إذا بملاحظة

Kreyòl Ayisyen (French Creole)

ATANSYON Si w pale Kreyòl, gen sèvis èd pou lang gratis ki disponib pou ou. Rele 1 (800) 368-1019 (TTY: 1 (800) 537-7697).

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1 (800) 368-1019 (ATS : 1 (800) 537-7697).

Português (Portuguese)

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1 (800) 368-1019 (TTY: 1 (800) 537-7697).

Polski (Polish)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Dzwonić pod numer 1 (800) 368-1019 (TTY: 1 (800) 537-7697).

- [Strony informacyjne na temat ustaw o przeciwdziałaniu dyskryminacji](#)

- [PRAWA DO OCHRONY PRYWATNOŚCI DANYCH ZDROWOTNYCH](#)

日本語 (Japanese)

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。Call 1 (800) 368-1019 (TTY: 1 (800) 537-7697).

Italiano (Italian)

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1 (800) 368-1019 (TTY: 1 (800) 537-7697).

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie uns an unter 1 (800) 368-1019 (TTY: 1 (800) 537-7697).

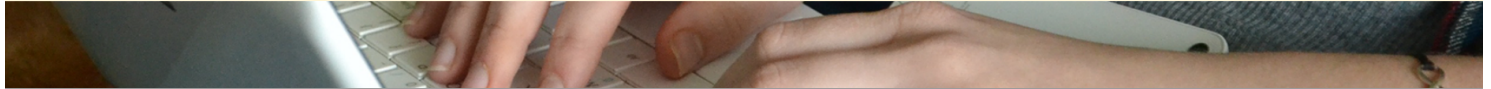
Persian (Farsi)

می شما دمد ترس در رایگان، به طور زبانی، رسانی یاری خدمات ک دید، می صحبت فارسی زبان به اگر: توجه

بگیرید تماس (1 (800) 537-7697 TTY:) ، 1 (800) 368-1019 شماره با باشند

NOTES: not for posting

Assurance of Compliance



Assurance of Compliance

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:


1. **Title VI of the Civil Rights Act of 1964** (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. **Section 504 of the Rehabilitation Act of 1973** (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of his or her disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. **Title IX of the Education Amendments of 1972** (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. **The Age Discrimination Act of 1975** (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. **Section 1557 of the Affordable Care Act** (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

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Please complete the following required information:

* Entity Name:

* Title: 


* First Name:


* Last Name:

* Address 1:

Address 2:

* City:

** State:  ** If Country is USA, then State is required.

* Country:  ** If no State, then Country other than USA is required

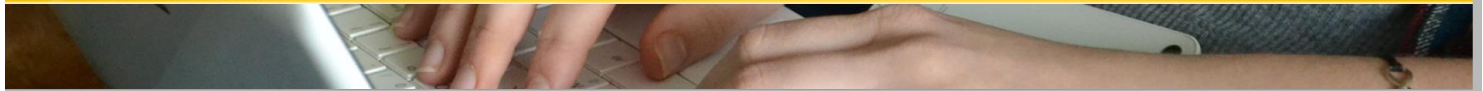
* Zip:

* Confirmation ☐ By selecting the checkbox, I am indicating that the person whose name appears above is myself and I am authorized to sign this assurance and commit the Entity to the above provisions.

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Assurance of Compliance Submitted

You have successfully submitted the HHS-690 for your organization. You confirmation number is 11620337

The following information was provided:

Date:	10/14/2016
Name and Title of Authorized Official:	Ms. Lynn Ruffing
Name of Healthcare Facility Receiving / Requesting Funding:	Allergy Care Center
Address:	2412 N Ponderosa Dr. Suite B111
	Camarillo, CA 93010
	USA

Show Details or Print



ASSURANCE OF COMPLIANCE:

All recipients of federal financial assistance from the Department of Health and Human Services (HHS) are required to have an "Assurance of Compliance with Non-Discrimination Laws and Regulations" on file with HHS. This requires a statement that recipient is in compliance with:

- Title VI of the Civil Rights Act of 1964
- Section 504 of the Rehabilitation Act of 1973
- Title IX of the Education Amendments of 1972
- The Age Discrimination Act of 1975
- Section 1557 of the Affordable Care Act of 2010

These laws and regulations require recipients to take certain steps to ensure non-discrimination. We encourage you to review the [Technical Assistance for Medicare Providers and Applicants](#) page for further information.

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