

NON-DISCRIMINATION NOTICE

Planned Parenthood of the North Country New York 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 of the North Country New York does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

- Planned Parenthood of the North Country New York 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 of the North Country New York 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 Planned Parenthood of the North Country New York

160 Stone Street
Watertown, NY 13601
315-788-8065

If you believe that Planned Parenthood of the North Country New York 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: Planned Parenthood of the North Country New York, 160 Stone Street Watertown, NY 13601. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, then the Director of Risk and Quality Management 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:

Planned Parenthood of the North Country New York
160 Stone Street
Watertown, NY 13601
315-788-8065

By signing this form, you acknowledge that you have received Planned Parenthood of the North Country New York’s Notice of Privacy Practices (the “Notice”). The Notice describes in detail how we might use or disclose your protected health information. The Notice also discusses your rights and our duties with respect to your protected health information.

Signature of Patient (and person authorized to sign for patient when required) Date
Relationship to Patient: self parent legal guardian other _____

I witness that the patient received this information, said it was read and understood, and there was an opportunity to ask questions.

Signature of Witness Date

Planned Parenthood of the North Country New York USE ONLY

I attempted to obtain the patient’s signature in acknowledgment of receipt of the Notice, but was unable to do so, as documented below:

Date:	Initials:	Reason: