

## Sample Notice Informing Individuals About Nondiscrimination and Accessibility

### Requirements and Sample Nondiscrimination Statement:

Angangen Nifinifin Aramas mi Onuk

[**Name of covered entity**] mi oponuweta meinis onukun Federal me ar aramas pwung rese mwutata nifinifin won pekin aramas, onuwen arama, fonuwer, ier, terin aramas, ika sex (ir mi fiti tichikin onukun nifinifin sex mi aweweno non 45 CFR § 92.101(a)(2)) [**optional:** (ika sex, mei pachonong tichikin sex, mi pachonong naponapen intersex; pwopwo ika pwan ekoch mi wewe ngeni; an emon sexual orientason; am emon gender, me nikinikin me porousen sex).<sup>1</sup>]

[**Name of covered entity**] ese nifin aramas ika chupwang anisi ekoch aramas ren pekin chon aramas, onuwen aramas, wesetan fonuwer, ier, terin aramas, ika sex.

[**Optional:** [**Name of the covered entity**] mi wor nour [**religious and/or conscience**] pekin mwichefel me ekiekin aramas seni HHS Office for Civil Rights, a mwutata tiwenon[**name of the covered entity**] ar recipe pesepes ngenir repwe oponuweta [**list provisions of Section 1557 to which the exemption applies, and the scope/terms of that exemption**].

[**Name of covered entity**]:

- Awora aninisin ekewe aramas mi wor terir ren aninis me pisekin annis ese kamo ar repwe tongeni porous ngeni kich, awewe ren:

- Chon tufichin chiaku non fosun sain

- Maken porous non ekoch nikinik (watten mesen foun mak, non audio, won kamputer, ekoch nikinik).

- Awora aninisin awewen non fosun fonuwomw esapw kamo faniten aramas ese sine Fosun Merika, mei pachonong:

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<sup>1</sup> This language/approach is not required under Section 1557 regulations.

- Chon tufichin chiaku
- Porous non ekoch fosun fonu.

Ika ke mochen ekei pekin aninis me pisekin rongorong, ika aninisin awewen non fosun fonuwomw, kekeri **[name of Civil Rights Coordinator]**.

Ika ka mefi pwun **[name of covered entity]** rese awora ekei aninis ika ir mi nifinifin non ekoch wewe ren pekin aramas, onuwen aramas, fonuwer, ier, terin aramas, ika sex, en mi tongeni filini och tipengaw ren: **[name and title of Civil Rights Coordinator]**, **[mailing address]**, **[telephone number ]**, **[TTY number—if covered entity has one]**, **[fax]**, **[email]**. Ka tongeni filini ei tipeyew non pusin aramas ika non mail, fax, ika email. Ika ke nit aninis ren angangen filin ei tipengaw, **[name and title of Civil Rights Coordinator]** a tongeni anisuk.

En mi pwan tongeni filini och aturutur faniten katan omw pwung ren ewe U.S. Department of Health and Human Services. Office for Civil Rights, won kamputer seni ewe Office for Rights Complaint Portal, mi kawor won <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, ika non mail ika won fon ren:

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)

Ekei taropwen aturutur mi wor won <http://www.hhs.gov/ocr/office/file/index.html>.

**[If applicable:** Ei esinesin mi kawor won **[name of covered entity's]** website: **[insert covered entity's URL]**).