ANOD, Inc.
4846 Park Glen Rd, St. Louis Park, MN 55416
Phone: 651-802-2533 | Fax: 612-288-1002
Email: info@anodinc.com

NON DISCRIMINATION NOTICE AND LANGUAGE ACCESS

In accordance with federal and state law, ANOD, Inc. does not discriminate in the provision of services. We comply with Section 1557 of the Affordable Care Act, Title VI of the Civil Rights Act, the Americans with Disabilities Act, and all other applicable civil rights laws. No person will be denied services or otherwise treated differently on the basis of race, color, national origin, religion, sex, sexual orientation, gender identity, age, or disability. We are committed to providing an inclusive and welcoming environment for all clients and families.

Free Language Assistance: If you or your child prefer to communicate in a language other than English, or have limited English proficiency, we will provide free interpreter services and/or translated written materials to help you communicate with us and understand documents. Interpreter services can be provided in-person or via phone or video as needed. We also provide auxiliary aids and services free of charge for clients or family members who have disabilities (for example, sign language interpreters for individuals who are deaf/hard of hearing, documents in large print or Braille for those with visual impairments, etc.). These services are available upon request – please inform us if you need an interpreter or any special accommodation and we will arrange it.

We have vital documents (like consent forms and rights information) available in alternative languages common in our community. If your preferred language is not available, we will work to get materials translated. We will ensure you can effectively communicate with our staff – including during evaluation, therapy sessions, and parent meetings – through qualified interpreters so that language is not a barrier to service access.

Reasonable Modifications: We will also provide reasonable modifications to policies or procedures when necessary to avoid discrimination on the basis of disability. For example, if you or your child require an accommodation (such as wheelchair accessibility arrangements, or a modified schedule due to medical treatments), please let us know and we will do our best to accommodate.

How to Address Concerns: If you believe you have been discriminated against by ANOD, Inc. on any of the protected bases (race, national origin, sex, age, disability, etc.), or that we have not provided required language/communication assistance, you have the right to file a grievance with our management or to file a complaint externally. You may contact us at 651-802-2533 to report any concerns. We will respond promptly and attempt to resolve the issue.
You also have the right to file a formal complaint with the U.S. Department of Health & Human Services, Office for Civil Rights (OCR). You can file a civil rights complaint with OCR by:

1. **Mail:** U.S. Dept. of Health & Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201.
2. **Phone**: 1-800-368-1019 (TTY: 1-800-537-7697) – ask for the OCR complaint form.
3. **Online:** Submitting a complaint through the OCR portal at https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf.

ANOD, Inc.
4846 Park Glen Rd, St. Louis Park, MN 55416
Phone: 651-802-2533 | Fax: 612-288-1002
Email: info@anodinc.com

There is no retaliation for filing a complaint. Filing a grievance or complaint will not affect your child's services or your relationship with our staff.

651-802-2533

Attention. If you need free help interpreting this document, call the above number.

ያስተውሉ፡ ካለምንም ክፍያ ይህንን ዶኩመንት የሚተረጉምሎ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သူဉ်ဟ်သးဘဉ်တက့ၢ်.
ဖဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒဉ်လံာ် တိလံာ်မိတခါအံၤန္ဉာ်,ကိးဘဉ်လီတဲစီနိၢ်ဂ်ၢ်လၢထးအံၤန္ဉာ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງໂທຣໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.