Nondiscrimination in Access and Service Delivery Procedure

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	Issue Date :	*May 25, 2018*	**Issue No. :**	1.1

A. PURPOSE

The purpose of this procedure is to clarify Deschutes County Health Services' (DCHS) process for informing the public that DCHS adheres to a policy of nondiscrimination in the provision of and access to programs, services and treatment provided by the department.

B. RELATED POLICY

Client Rights Policy

C. SCOPE

This procedure applies to all DCHS staff.

D. RESPONSIBILITY

DCHS staff who have direct client contact are responsible to inform clients of their rights in writing or verbally. DCHS staff are responsible to ensure required language is included on all printed materials.

DCHS Leadership is responsible for ensuring that staff understand and comply with this procedure. DCHS Leadership is also responsible ensuring the nondiscrimination policy is posted in public areas at all DCHS locations.

E. DEFINITIONS

DCHS: Deschutes County Health Services

DCHS Leadership: Health Services Director, Deputy Directors, Medical Director, Medical Officer, Program Managers, and Supervisors.

Discrimination: The denial of access or services on the grounds of race, color, national origin, religion, sex, sexual orientation, age, marital status, political affiliation, mental or physical disability, or any other protected class established by Oregon or federal law.

Staff: Includes regular employees, temporary employees, personal services contractors, employment agency personnel, interns, and volunteers.

F. PROCEDURES

1. Clients shall be informed in writing or verbally that no individual shall be excluded from or denied access to programs, services or treatment provided by DCHS on the grounds of race, color, national origin, religion, sex, sexual orientation, age, marital status, political affiliation, physical or mental disability, or any other protected class established by Oregon or federal law.

2. Nondiscrimination in Access and Service Delivery policy will be displayed in public areas at all DCHS sites.

3. In order to inform the public that DCHS will not discriminate, DCHS will include on all its locally produced materials, brochures, flyers, ads and websites the following language:

   > "Deschutes County encourages qualified persons with disabilities to participate in its programs and activities. To request this publication in an alternate format, please call 541-322-7504 or send an email to katheh@deschutes.org

4. In order to inform the public that DCHS facilities are accessible to people with disabilities, DCHS will include on all event/meeting announcements, flyers and other event notices the following language:

   > "Deschutes County encourages persons with disabilities to participate in all programs and activities. This event/location is accessible to people with disabilities. If you need accommodations to make participation possible, please call *(INSERT the name, phone number and e-mail address of department contact person for the event)*."

5. Individuals who feel they have been discriminated against based on their race, color, national origin, religion, sex, sexual orientation, age, marital status, political affiliation, mental or physical disability, or any other protected class established by Oregon or federal law are encouraged to share their concerns with DCHS. DCHS will look into the concerns as soon as possible and will maintain the individual's confidentiality.

   Individuals may also file a written complaint with:

   Deschutes County ADA Coordinator
   1300 NW Wall Street, Suite 200
   Bend, OR 97703
   541-330-4631

   Or

   Department of Health & Human Services
   Office for Civil Rights, Region X
   2201 Sixth Avenue, M/S RX-11
   Seattle, WA 98121-1831
   Toll Free Voice: 1-800-368-1019
   TTY: 1-206-615-2296

G. RECORDS

Record	Where Filed	Responsible Individual	Indexing Method	Minimum Retention Time
None				

H. RELATED DOCUMENTATION

Client Rights Policy

I. REVISION LOG

Issue No.	Issue Date	Description of Change(s)	Next Review Date
1.1	5/25/2018	Reviewed and updated.	5/25/2020
1.0	1/29/2015	Reformatted; separated procedures from policy	1/29/2018

J. AUTHORIZATION

AUTHORIZATION		
Name	**Title**	**Date**
George A. Conway, MD, MPH	Health Services Director	5/23/18