

LANGUAGE ACCESS PLAN FOR LEP INDIVIDUALS

State Agency: New York State Department of Health

Effective Date of Plan: April 1, 2015

Language Access Coordinator (LAC): Richard C. Snyder

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PART 1 – INTRODUCTION

Pursuant to Executive Order No. 26 (“Statewide Language Access Policy”), we have prepared this Language Access Plan (“Plan”) that sets forth the actions we will take to ensure that persons with Limited English Proficiency (“LEP”) have meaningful access to agency services, programs, and activities.

Statement of Agency Services to the Public:

The New York State Department of Health (Department) protects and promotes the health of the people of New York by preventing epidemics and the spread of disease, promoting healthy lifestyles for children and families, protecting against hazards in homes, work, communities and the environment, assuring access to high quality health care, and preparing for and responding to emergencies. As part of the Department’s mission to promote healthy lifestyles and protecting the public health of the people of this State, the Department seeks to ensure that all individuals, including those with limited ability to read, speak, write or understand English, are able to access our Department’s services, programs and activities.

In developing this plan, we have understood LEP individuals to be persons who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English. We will reassess language needs periodically as needed, but at least every two years starting from the effective date of this plan.

PART 2 – ASSESSING LEP POPULATION LANGUAGE NEEDS¹

The estimated total number of individuals in our service area is: All NYS Residents.

The top six languages spoken by LEP individuals that the Department serves or could potentially serve are as follows:

Language	Estimated Number of LEP Individuals Who Speak this
Spanish	1,230,302
Chinese	329,482
Russian	130,961
Italian	65,243
Korean	64,426

French (Haitian) Creole	64,046
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¹ Source: U.S. Census Bureau, 2008-2012 American Community Survey

We use the following resources to determine the top six languages spoken by LEP individuals:

- U.S. Census data (including American Community Survey data)
- Agency data on client contacts
- School system data
- Information from community organizations that serve LEP individuals
Names of organizations: AIDS Community Organizations/Providers.
- Information from other government agencies
Names of agencies: NYS Agencies including Department of Corrections and Community Supervision, Office of Mental Health, Children and Family Services, Office of Temporary and Disability Assistance, Department of Motor Vehicles; County Social Service agencies; and school districts statewide.
- Other (describe) Migration Policy Institute (MPI) (www.migrationinformation.org) and Office of Minority Health and Health Disparities Prevention.

We have determined the frequency of our contacts with LEP individuals as follows:

Upon initial contact with any of the Department program areas providing direct public services, language needs are determined and documented by program staff. Additional data is gathered through contact with social workers that may be assisting the LEP individual; advocacy groups; Department contractors; and local municipal staff. Frequency of contact is based on the LEP individual's level of need and may occur in various settings or circumstances. Some examples of contacts with LEP individuals include, but are not limited, to the following: (1) contacts occurring when the LEP individual applies to obtain services or benefits under programs administered by the Department, including, but not limited to, services that are provided through the Department's Veteran's homes, and health insurance coverage offered through New York State of Health, the State's official health plan marketplace; (2) contact with LEP individuals through the AIDS Institute HIV/STD partner services notification activities wherein Department staff contact known partners of persons infected with HIV or AIDS, or conduct HIV/STD testing in the field; (3) contact with LEP individuals when such individuals seek information or documentation maintained by the Department, including birth, death or marriage certificates; and (4) during the course of the Department's monitoring and oversight role, which includes home/health care facility visits, surveillance, and inspections, such as inspections of summer camps and restaurants.

PART 3 – PUBLIC OUTREACH AND NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES

We inform LEP individuals, in the languages indicated in the chart in Part 2 of this plan, about their right to free language assistance services by using the following measures:

- LEP individuals are informed directly by our staff

In what ways? If an individual indicates a need for language assistance at any point of public contact (in person or by phone), staff informs them of the services that are available.

- Brochures or flyers about language assistance services

- In public areas of the agency

- Elsewhere in the agency's service areas

- Signs posted about language assistance services

- In public areas of the agency

- Elsewhere in the agency's service areas

- Outreach and presentations at schools, faith-based groups, and other community organizations

What are the LEP populations targeted? In addition to the languages indicated in the chart in Part 2 of this Plan, outreach may be conducted to LEP populations based on community need.

- Local, non-English language media directed at LEP individuals in their languages

- Telephonic voice menu providing information in non-English languages

In which languages:

- Other (describe)

PART 4 – PROVISION OF LANGUAGE ASSISTANCE SERVICES

We use the following resources to determine when an individual is LEP, and what the individual's primary language is, when the encounter is *in person*:

- "I Speak" posters or visual aids
- Reception staff makes those determinations based on experience, with the assistance of bilingual staff members where available
- Other (describe) Self-identification by the individual during the encounter.

We use the following resources to determine when an individual is LEP, and what the individual's primary language is, when the encounter is by telephone:

- Reception staff makes those determinations based on experience, with the assistance of bilingual staff members where available
- Telephonic interpreting service
- Other (describe) Referral from an outside source.

We record and maintain documentation of each LEP individual's language assistance needs as follows:

Language assistance needs are documented in a centralized intra-agency database, accessible to all employees in the various programs within the Department. Reports can be generated at any time. The information derived from the database will assist the Language Access Coordinator (LAC) in evaluating the effectiveness of the Plan and the services being provided.

A. Oral Interpreting Services

Our protocol(s) for assessing whether an LEP individual needs oral interpreting services is as follows:

For in-person encounters: Bilingual staff currently address language assistance needs on an individual basis during the encounter. "I Speak" posters have been distributed to staff. In addition, staff will be trained to meet Plan requirements.

By telephone: Telephone contacts to programs from LEP individuals are handled by telephonic interpreting services under contract with the Department. In addition, a roster of bilingual staff within the Department who have volunteered to assist with calls is maintained by the LAC.

At initial contact in the field: Bilingual staff will be utilized in the field dependent on community need, when available. In addition, "I Speak" cards will be utilized by field staff and telephonic interpreting services can be employed through cell phones and other similar devices.

For pre-planned appointments with LEP individuals: Information concerning oral interpreter needs is gathered as appointments are made. The need for an oral interpreter may be determined by reception staff with the assistance of bilingual staff members, self-identification by the LEP individual, or through a referral from outside sources.

Other (describe):

Our protocol(s) for informing LEP individuals that they do not need to provide their own interpreters and that free interpreting services will be provided is as follows:

For in-person encounters: Bilingual staff, if available in the language of the LEP individual, will inform the LEP individual that he or she does not need to provide his or her own interpreter and that free interpreting services will be provided. Staff will also utilize the "I Speak" card to assist in identifying the language of an LEP individual. Written notice, translated in the languages indicated in the chart in Part 2 of this Plan, will be provided to advise LEP individuals that free language assistance is available.

By telephone: Staff will inform the LEP individual that he or she does not need to provide his or her own interpreter and that free interpreting services will be provided. Staff will also utilize the Department's telephonic interpreting service to notify LEP individuals.

At initial contact in the field: Bilingual staff, if available in the field who are fluent in the language of the LEP individual, will inform the LEP individual that he or she does not need to provide his or her own interpreter and that free interpreting services will be provided. Staff in the field will also utilize the "I Speak" card to assist in identifying the language of an LEP individual. Written notice, translated in the languages indicated in the chart in Part 2 of this Plan will be provided to advise LEP individuals that free language assistance is available.

For pre-planned appointments with LEP individuals: Information concerning oral interpreter needs is gathered as appointments are made. Reception staff with the assistance of bilingual staff members will notify an LEP individual that free interpreting services are available.

Other (describe): Written notice, translated in the languages indicated in the chart in Part 2 of this Plan, will be provided to advise LEP individuals that free language assistance is available.

If an LEP individual insists on using a family member, friend, or other person as an interpreter, our protocol(s) for determining whether to accept or decline such an arrangement is as follows:

LEP individuals that come into contact with our agency will be informed of the availability of free

interpreting services. Generally, an LEP individual may not use a family member, friend or a minor as an interpreter. However, **during emergencies** an LEP individual will be permitted to use a minor, a family member or friend as an interpreter. Upon request, an LEP individual may also be permitted to use a minor, a family member or friend as an interpreter for routine matters, such as asking the location of the office, hours of operation or rescheduling an appointment. Where the interaction with the LEP individual occurs at the agency's office, and an individual is permitted to use an interpreter of his or her choosing, he or she must fill out a written consent/waiver form.

Where an LEP individual is engaged in official business with the agency, the agency will provide an independent interpreter at all times. An LEP individual will not be permitted to use an independent interpreter of his or her choosing when filling out applications or when involved in other legal matters.

Our protocol(s) for obtaining interpreter services in a timely manner is as follows:

When it is determined that an interpreter is needed, programs arrange interpreter services for scheduled appointments; or bilingual staff are identified that may assist the LEP individual; telephonic interpreter services are utilized as needed.

We record and maintain documentation of oral interpreting services provided to LEP individuals at each encounter as follows:

Oral interpreting services are documented in a centralized intra-agency database, accessible to all employees in the various programs within the Department. Reports can be generated at any time. The information derived from the database will assist the LAC in evaluating the effectiveness of the Plan and the oral interpreting services being provided. The Department also utilizes interpreting services obtained through a statewide contract, which provides on a monthly basis detailed reporting on the services provided to LEP individuals.

Competency and confidentiality

The linguistic and cultural competence of interpreters is addressed as follows:

Language parenthetic staff are tested through Civil Service for spoken-language proficiency. Department multilingual staff volunteers self-identify their ability to read, write and speak a language other than English. Where the Department utilizes independent interpreting services, that vendor will implement quality assurance standards to guarantee that its interpreters are trained and are linguistically and culturally competent.

The issue of confidentiality pertaining to the use of interpreters is addressed as follows:

All Department staff in programs identified as covered programs under HIPAA are trained in HIPAA and confidentiality compliance. Interpreters under contract with the State must comply with confidentiality requirements, including applicable HIPAA requirements. The training provided to

staff will address the importance of confidentiality. Furthermore, independent interpreters will enforce standards of confidentiality in accordance with NYS Law.

Maintaining a list of oral interpreting resources

We use, or have available for oral interpreting, the following resources:

- Bilingual staff members who work directly with LEP individuals

Number of staff and languages spoken:

- Bilingual staff members who provide oral interpreting when necessary

Number of staff and languages spoken: Approximately 100 staff collectively speak 16 languages, including the languages listed in the chart in Part 2 of this Plan and Arabic, Greek, Hindi, Romanian, Portuguese, Ukrainian, Chao Chow and Vietnamese.

- Telephonic interpreting service

Names of vendors: Providers under the OGS Statewide Administrative Services Contract.

- Contracts or other arrangements with community organizations or individuals for oral interpreting services

Names of individuals/organizations and languages:

- Other (describe)

The agency's Language Access Coordinator maintains the list of oral interpreting resources that are available to staff, which includes:

- Names and contact information for all resources

- Names and locations of staff members who are available to provide oral translations of written documents

- Languages in which each translation service is qualified

- Procedure for accessing each translation service

We inform all staff members who may have contact with the public how to obtain oral interpreting services as follows:

Mandatory training will be required for all staff who could have contact with the public.

B. Translations of Written Documents

The process to determine and reassess, at least every two years starting from the effective date of this plan, those vital documents (including website content) which must be translated is as follows:

Documents that the Department determines to be vital include intake and consent forms; notice of rights, requirements and responsibilities; and such others that contain pertinent information to assist in accessing program benefits. Programs within the Department will determine which documents are considered to be vital and in need of translation. The Public Affairs Group will review all forms and documents the program has identified as being a vital record, prior to translation. All translated documents will be reviewed and monitored as part of our Language Access Plan.

The process to timely translate documents that LEP individuals submit in their primary languages is as follows:

Upon receiving a document or correspondence from an LEP individual in their primary language, the said document or correspondence will be sent to the selected vendor for translation in a timely manner.

The process for ensuring that documents are written in plain language before they are translated into other languages is as follows:

LAP Work Group liaisons in all Department programs will review documents for plain language compliance prior to translation.

The following documents are currently translated by the agency in the languages indicated:

	Publication	Title	Languages
1.	9211	HIV Uninsured Care Programs	English
2.	9371		Spanish
3.	9197		Chinese
4.	9198		Russian
5.	9199		Italian
6.	9200		Korean
7.	9214		French (Haitian) Creole
8.	9372		French
9.	1040	ADAP Plus	English
10.	1041		Spanish
11.	9802		Chinese
12.	9804		Russian
13.	9803		Italian
14.	9807		Korean
15.	9806		French (Haitian)

			Creole
16.	1051		French
17.	0240	HIV Counseling, Call for Facts	English
18.	0241		Spanish
19.	9192	New York State Confidentiality Law & HIV	English
20.	9193		Spanish
21.	9175		Chinese
22.	9181		Russian
23.	9178		Italian
24.	9180		Korean
25.	9177		French (Haitian)
			Creole
26.	9300	PNAP: We can work together to stop the spread of HIV	English
27.	9301		Spanish
28.	9303		Chinese
29.	9305		Russian
30.	9302		French
31.	9331		Khmer
32.	9308		Laotian
33.	9306		Polish
34.	9304		Vietnamese
	9236		
35.	9237	Staying on Schedule: Tips for Taking Your HIV Medicines	Spanish
36.	9300		Chinese
	9308		Russian
37.	9303		Italian
38.	9307		Korean
39.	9365		French (Haitian)
			Creole
40.	0532	Early Intervention Program: A Parent's Guide (58-pages Booklet)	English
41.	0533		Spanish
42.	4805		Chinese
43.	0500		Russian
44.	4803		Italian
45.	4810		Korean
46.	4802		French (Haitian)
			Creole
47.	4804		Arabic
48.	4848		Bengali
49.	4801		French
50.	4806		Greek
51.	4807		Hmong
52.	4808		Japanese
53.	4809		Khmer
54.	4811		Laotian
55.	4847		Punjabi
56.	4813	Vietnamese	

57.	4814	Newborn Screening	Yiddish
58.	0503		English
59.	0504		Spanish
60.	0498		Chinese
61.	0500		Russian
62.	0612		Italian
63.	0603		Korean
64.	0506		French (Haitian) Creole
65.	0508	Vietnamese	
66.	0548	Resource Directory for Children with Special Health Care Needs	English
67.	0549		Spanish
68.	4816		Chinese
69.	4817		Russian
70.	0551		Italian
71.	0557		Korean
72.	4818		French
73.	0554		Polish
74.	4081		English
75.	4082		Spanish
76.	4258		Chinese
77.	4259		Russian
78.	4085		Italian
79.	4086		Korean
80.	4254		French (Haitian) Creole
81.	4257		Arabic
82.	4252	Bengali	
83.	4253	Burmese	
84.	4105	Farsi	
85.	4083	French	
86.	4256	Hindi	
87.	4106	Karen	
88.	4107	Nepali	
89.	4087	Polish	
90.	4088	Somali	
91.	4108	Turkish	
92.	4109	Urdu	
93.	4255	Vietnamese	
94.	3861	WIC Termination Letter	English
95.	3877		Spanish
96.	3865		Chinese
97.	3875		Russian
98.	3870		Italian
99.	3872		Korean
100.	3868		French (Haitian) Creole

101.	3862		Arabic
102.	3863		Bengali
103.	3864		Burmese
104.	3866		Farsi
105.	3867		French
106.	3869		Hindi
107.	3871		Karen
108.	3873		Nepali
109.	3874		Polish
110.	3876		Somali
111.	3878		Turkish
112.	3879		Urdu
113.	3880		Vietnamese
114.	1427	Handling Concerns About Care English & Services in Nursing Homes	English
115.	1440		Spanish
116.	3343	Managed Care Bill of Rights	English
117.	3347		Spanish
118.	1430	NYS Proxy Law: Appointing Your Health Care Proxy	English
119.	1431		Spanish
120.	1401		Chinese
121.	1402		Russian
122.	1409		Italian
123.	1410		Korean
124.	1408		French (Haitian) Creole
125.	1449	Your Rights as a Hospital Patient In New York State (available on DOH website only)	English
126.	1450		Spanish
127.	1510		Chinese
128.	1511		Russian
129.	1512		Italian
130.	1514		Korean
131.	1513		French (Haitian) Creole
132.	1437	Your Rights as a Nursing Home Resident in New York State	English
133.	1438		Spanish
134.	1467		Chinese
135.	1469		Russian
136.	1467		Italian
137.	1468		Korean
138.	1835		French (Haitian) Creole
139.	2425	NYS Immunization Information System	English
140.	2426		Spanish
141.	2163		Chinese
142.	2167		Russian
143.	2165		Italian
144.	2166		Korean

145.	2164		French (Haitian) Creole	
146.	2370	New York State Requirements for School Entrance/ Attendance	English	
147.	2405		Spanish	
148.	3301		English/Spanish	
149.	3310	How to Choose a Medicaid Managed Care Health Insurance Plan	Chinese	
150.	3304		Russian	
151.	3308		Italian	
152.	3309		Arabic	
153.	3307		Albanian	
154.	3305		Hebrew	
155.	3313		Hindi	
156.	3312		Laotian	
157.	3306		Polish	
158.	3314		Urdu	
159.	3311		Vietnamese	
160.	3350		Medicaid Managed Care: Consumers Guide (New York City)	English
161.	3351			Spanish
162.	3370	Chinese		
163.	3371	Russian		
164.	9213	French		
165.	2853	Donate Life: Pass It On!	English	
166.	2854		Spanish	
167.	2862		Chinese	
168.	2860		Russian	
169.	2851		Korean	
170.	2861		French	
171.	2866		Vietnamese	
172.	2855	Donate Life: Pass It On! (Poster)	English	
173.	2856		Spanish	
174.	2865		Chinese	
175.	2863		Russian	
176.	2852		Korean	
177.	2864		French	
178.	2867		Vietnamese	
179.	2055	Pulse Oximetry Screening for Critical Congenial Heart Disease Information for Parents and Guardians	English	
180.	2056		Spanish	
181.	2061		Chinese	
182.	2059		Russian	
183.	2063		Italian	
184.	2062		Korean	
185.	2060		French	
186.	2064		Polish	
187.	2057		Pulse Oximetry Screening for Critical Congenial Heart Disease. What does a low result mean?	English
188.	2058	Spanish		
189.	2067	Chinese		
190.	2065		Russian	

191.	2069		Italian	
192.	2068		Korean	
193.	2066		French	
194.	2070		Polish	
NEW YORK STATE OF HEALTH				
	Publication	Title	Languages	
195.	10126	What Information You Need to Apply Fact Sheet	English	
196.	10127		Spanish	
197.	10128		Chinese	
198.	10133		Russian	
199.	10131		Italian	
200.	10132		Korean	
201.	10130		French (Haitian) Creole	
202.	10129		French	
203.	10135		Special Enrollment Periods (SEP) Fact Sheet	English
204.	10136			Spanish
205.	10137	Chinese		
206.	10142	Russian		
207.	10140	Italian		
208.	10141	Korean		
209.	10139	French (Haitian) Creole		
210.	10138	French		

The publications listed below are deemed vital by the Department and will be translated to include all of the remaining languages in Part 2 of this Plan.

	Publication	Title	Remaining Languages	Anticipated Completion
1.	0193	HIV Counseling, Call for Facts	Chinese	7/31/15
2.	0197		Russian	
3.	0195		Italian	
4.	0196		Korean	
5.	0194		French (Haitian) Creole	
6.	9305	PNAP: We can work together to stop the spread of HIV	Italian	7/31/15
7.	9304		Korean	
8.	9306		French (Haitian) Creole	
9.	0558	Resource Directory for Children with Special Health Care Needs	French (Haitian) Creole	7/31/15
10.	1461	Handling Concerns about Care & Services in Nursing Homes	Chinese	7/31/15
11.	1465		Russian	
12.	1463		Italian	
13.	1464		Korean	

14.	1462		French (Haitian) Creole	
15.	3366	Managed Care Bill of Rights	Chinese	7/31/15
16.	3370		Russian	
17.	3368		Italian	
18.	3369		Korean	
19.	3367		French (Haitian) Creole	
20.	2491	New York State Requirements for School Entrance/ Attendance	Chinese	7/31/15
21.	2495		Russian	
22.	2493		Italian	
23.	2494		Korean	
24.	2492		French (Haitian) Creole	
25.	3375	How to Choose a Medicaid Managed Care Health Insurance Plan	Korean	7/31/15
26.	3376		French (Haitian) Creole	
27.	3393	Medicaid Managed Care: Consumers Guide (New York City)	Italian	7/31/15
28.	3392		Korean	
29.	3394		French (Haitian) Creole	
30.	2870	Donate Life: Pass It On!	Italian	7/31/15
31.	2869		French (Haitian) Creole	
32.	2871	Donate Life: Pass It On! (Poster)	Italian	7/31/15
33.	2872		French (Haitian) Creole	
34.	2071	Pulse Oximetry Screening for Critical Congenial Heart Disease: Information for Parents and Guardians	French (Haitian) Creole	7/31/15
35.	2072	Pulse Oximetry Screening for Critical Congenial Heart Disease: What does a low result mean?	French (Haitian) Creole	7/31/15

The process for ensuring that translations are accurate and incorporate commonly used words is as follows:

The Department, through its vendor (where applicable), will ensure that proofing/editing for correctness and cultural sensitivity are a component of the translation services provided by any vendor under contract as part of the publication process. The Department will also ensure that plain language is used in materials produced before translation to ensure information is accessible to a range of literacy levels.

We use, or have available for translating, the following resources:

- Contracts with language service vendors

Names of vendors: Providers under the OGS Statewide Administrative Services Contract.

- Contracts or other arrangements with community organizations or individuals for oral interpreting services

Names of individuals/organizations and languages:

- Oral translations of written documents by bilingual staff members
- Oral translations of written documents by other individuals or community organizations
- Other (describe)

The agency's Language Access Coordinator maintains the list of written translation resources that are available to staff, which includes:

- Names and contact information for all resources
- Names and locations of staff members who are available to provide oral translations of written documents
- Languages in which each translation service is qualified
- Procedure for accessing each translation service

PART 5 – STAFF TRAINING

The person(s) in the agency who is responsible for the provision of training to staff in language access issues is: Brian Caldwell, Director of Training.

The staff training includes the following components:

- The legal obligations to provide meaningful access to benefits and services to LEP individuals
- How to access language assistance services
- How to work with interpreters
- Cultural competence and cultural sensitivity
- Documenting the language needs of LEP individuals and the language services provided to them by the agency

- ☑ How to obtain written translation services

The methods and frequency of training are as follows:

Mandatory online training will be provided for all DOH employees within 90 days of being hired and annually thereafter. Staff will have to complete GOER's Language Access Training and the Department's agency specific Language Access Plan training.

- On and after September 30, 2014, employees newly assigned to functions that bring them into contact with the public must complete the CBT training within 90 days of assignment to the program.
- As changes occur in the program, the training will be updated, designated program liaisons will be informed of changes to communicate to relevant staff and updates will be posted on the Department's News Site.

PART 6 – ADMINISTRATION

Monitoring

To ensure compliance with the Plan, the LAC will monitor its implementation as follows:

The LAP Work Group meets to review progress, identify gaps and develop work plans to resolve any gaps. Frequency of the LAP Work Group meetings is determined by priorities set. The Plan will be monitored by the LAP Work Group and updated as needed.

Complaints

We provide information to the public, including to LEP individuals in languages regularly encountered in this service area, advising them of the right to file a complaint if they feel that they have been the subject of discrimination. The information we provide describes how and/or where to file a complaint. We do not retaliate or take other adverse action because an individual has filed a complaint alleging discrimination based on LEP status or needs.

We display information on the right to file a complaint, and the procedures to file a complaint, in the following manner:

The Department requires that all programs identified by the Department as providing direct public services place notifications in reception areas indicating the availability of a complaint form in the languages indicated in Part 2. The Department utilizes the Statewide Language Access Plan Complaint Form that provides information on the right to file a complaint and procedures to do so. The complaint form will be available in the languages described in Part 2.

Additionally, the Department requires that hospitals in this State adopt and make available a "Patient Bill Rights", available in English, Spanish, Italian, Russian, Greek, Yiddish, Haitian Creole, and

Additionally, the Department requires that hospitals in this State adopt and make available a "Patient Bill Rights", available in English, Spanish, Italian, Russian, Greek, Yiddish, Haitian Creole, and Chinese. The following are inserts from the Patient's Bill of Rights:

As a patient in a hospital in New York State, you have the right, consistent with law, to:

Understand and use these rights. If for any reason you do not understand or you need help, the hospital MUST provide assistance, including an interpreter.

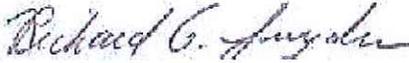
Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation, source of payment, or age.

Complain without fear of reprisals about the care and services you are receiving and to have the hospital respond to you and if you request it, a written response. If you are not satisfied with the hospital's response, you can complain to the New York State Health Department. The hospital must provide you with the State Health Department's telephone number.

We handle complaints made to the agency regarding the provision of language assistance services in the following manner:

Program staff will respond to complaints it receives regarding the provision of language assistance services. The LAC will address complaints received that cannot be resolved by program staff.

PART 7 – SIGNATURES

	Acting Commissioner of Health	03-18-15
Head of Agency	Title	Date
	Affirmative Action Officer	
Agency LAC	Title	Date
	Deputy Secretary for Civil Rights	3-25-15
		Date