NON-DISCRIMINATION NOTICE

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Discrimination is against the law. Our Organization complies with State and Federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin (including limited English proficiency and primary language), sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)), age, or disability.

Our Organization provides:

- Individuals with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services prior to your appointment or if you are hearing or speech impaired, you may call 844-363-8457. Upon request, this document can be made available to you in braille, large print, audio cassette, or electronic form.

HOW TO FILE A GRIEVANCE

If you believe that our Organization has failed to provide these services or discriminated in another way on the basis of race, color, national origin (including limited English proficiency and primary language), sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)), age, or disability, you can file a grievance with our Organization's Non Discrimination Coordinator. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Compliance Department, 855-517-8676
- In writing: Fill out a complaint form or write a letter and send to:
  Attention: Vera Whole Health Compliance Department
  100 W Towne Ridge Pkwy 2nd Floor, Sandy, UT 84070
- Electronically: Please submit your complaint to compliance@apree.health

OFFICE OF CIVIL RIGHTS-U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call 1-800-368-1019. If you cannot speak or hear well, call TTY/ TDD 1-800-537-7697
- In writing: Fill out a complaint form or send a letter to:
  U.S. Department of Health and Human Services
  200 Independence Avenue, SW, Room 509F, HHH Building
  Washington, D.C. 20201
  - Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html
- Electronically: Visit the Office for Civil Rights Complaint Portal at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf