

Virtis Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Virtis Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

**Virtis Health provides free aids and services to people with disabilities to communicate effectively with us, such as:**

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

**Virtis Health provides free language services to people whose primary language is not English, such as:**

- Qualified interpreters
- Information written in other languages

Your Virtis Health pharmacist or nurse should help you receive these services when reviewing the Virtis Health Welcome Packet. **It is important that you are able to understand** what is included in the Welcome Packet and what your pharmacist and nurse are saying.

If you need these services, contact your local Virtis Health branch or call 833.765.3648.

**You can file a grievance in person or by mail, fax, or email:**

If you believe that Virtis Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Virtis' Compliance Officer, 11 Trafalgar Square, Suite 101, Nashua, NH 03063, phone: 833.765.3648, fax: 603.718.3824, [ComplianceOfficer@soleohealth.com](mailto:ComplianceOfficer@soleohealth.com). You can file a grievance in person or by mail, fax, or email.

**You can also file a civil rights complaint with the U.S. Department of Health and Human Services:**

Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

**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)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 833.765.3648.	French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 833.765.3648.
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 833.765.3648。	Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 833.765.3648.
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 833.765.3648.	Portuguese	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 833.765.3648.
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 833.765.3648 번으로 전화해 주십시오.	Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 833.765.3648.
Filipino	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 833.765.3648.	German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 833.765.3648.
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 833.765.3648.	Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。833.765.3648 まで、お電話にてご連絡ください。
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل 833.765.3648	Fasri	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با تماس بگیرید.. 833.765.3648
French Creole	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 833.765.3648.		