



Nondiscrimination Notice

Parkland Community Health Plan follows Federal civil rights laws. We don't discriminate against people and that means we won't exclude you or treat you differently because of these things:

Age	Color	Disability
National Origin	Race	Sex or Gender Identity

For people with disabilities or who speak a language other than English, we offer these services at no cost to you:

- Qualified sign language interpreters
- Written materials in large print, audio, electronic, and other formats
- Help from qualified interpreters in the language you speak
- Written materials in the language you speak

To get these services, call the toll-free Member Services number on your ID card:

- STAR: 1-888-672-2277
- CHIP/CHIP Perinate: 1-888-814-2352

Do you feel you didn't get these services, or we discriminated against you for reasons listed above? If so, you can file a grievance (complaint) with: Parkland Community Health Plan, P.O. Box 560347, Dallas, TX 75356, **1-888-672-2277** (TTY 711), Fax: **1-844-310-1823** or PCHPA&G@phhs.org

If you need help filing? Call our Member Services and request a Member Advocate.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Mail: U.S. Department of Health and Human Services
200 Independence Ave. SW
Room 509F, HHH Building
Washington, DC 20201

Phone: 800-368-1019 (TTY/TDD 800-537-7697)

For a complaint form, visit <https://www.hhs.gov/ocr/complaints/index.html>

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Parkland Community Health Plan

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214.266.2100 | Fax 214.266.2150

ParklandHealthPlan.com