

Nondiscrimination Notice

CalViva Health complies with applicable federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

CalViva Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact the CalViva Health Member Services Department at 1-888-893-1569 (TTY: 711) toll free 24 hours a day, 7 days a week. Or if you cannot hear or speak well, please call TTY: 711.

How to file a grievance

If you believe that CalViva Health has failed to provide these services or discriminated in another way, you can file a grievance by phone, in writing, or electronically:

- **By phone:** Call CalViva Health toll free 24 hours a day, 7 days a week at 1-888-893-1569. Or if you cannot hear or speak well, please call TTY: 711.
- **In writing:** Call CalViva Health toll free 24 hours a day, 7 days a week at 1-888-893-1569 (TTY: 711) and ask to have a form sent to you. Your doctor's office will also have grievance forms available. Fill out the grievance form or send a letter to:

CalViva Health Member Appeals and Grievances Department
P.O. Box 10348
Van Nuys, CA 91410-0348
Fax: 1-877-713-6189

- **Electronically:** Visit CalViva Health's website at www.calvivahealth.org.

Office of Civil Rights

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights if there is a concern of discrimination based on race, color, national origin, age, disability, or sex by phone, in writing, or electronically:

- **By phone:** Call 1-800-368-1019 or if you cannot hear or speak well, please 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, DC 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>.