



# ASTRIA TOPPENISH HOSPITAL

502 W 4<sup>th</sup> Ave Toppenish, WA 98948

|                                                               |                             |                   |                                            |                 |             |
|---------------------------------------------------------------|-----------------------------|-------------------|--------------------------------------------|-----------------|-------------|
| <b>Policy/Procedure Title</b>                                 | Notice of Nondiscrimination |                   |                                            | <b>Policy #</b> |             |
| <b>Manual Location(s)</b>                                     | Administration              | <b>Effective</b>  | 09/15                                      | <b>Page</b>     | Page 1 of 2 |
| <b>Department Generating Policy</b>                           | Administration              |                   |                                            |                 |             |
| <b>Affected Departments</b>                                   | All Hospital and Clinics    |                   |                                            |                 |             |
| <b>Dept/Committee Approval</b>                                | Administration              | <b>Date/Title</b> | 7/13/2021                                  |                 |             |
| <b>Medical Staff Approval*</b><br>Medical Executive Committee | Dr. Lori Alvord             | <b>Date/Title</b> | 7/13/2021<br>Chief of Staff                |                 |             |
| <b>Board Approval*</b><br>Board of Trustees                   | Bertha Ortega               | <b>Date/Title</b> | 7/13/2021<br>Board of Trustees Chairperson |                 |             |

\*If applicable

As a recipient of Federal financial assistance, Astria Toppenish Hospital affiliates shall not exclude, deny benefits to, or otherwise discriminate against any person on the basis of age, race, color, national origin, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, or gender identity or expression, in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, or in employment therein, whether carried out by the affiliate directly or through a contractor or any other entity with which the affiliate arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Regulations of the U.S. Department of Health and Human Services issued pursuant to the Acts, Title 45 Code of Federal Regulations Parts 80, 84, 91 and Section 1557 of the Patient Protection and Affordable Care Act of 2010, 42 U.S.C. § 18116.

The Notice of Nondiscrimination will be disseminated to patients during the registration process in the Patient Rights and Responsibilities Handbook. Each affiliate shall ensure this notice of nondiscrimination is disseminated to the general public, patients (residents), employees, community organizations, referral sources, and such protected groups as sensory impaired persons and those with Limited English Proficiency. Facility shall disseminate this notice by publication on facility website and by posting a notice in general areas accessible to the public (e.g., registration, admissions, emergency and surgery waiting rooms, etc.) in the facility.

In case of questions, please contact:  
 Section 504 Coordinator: Risk Manager  
 Telephone number: 509-837-1538  
 TDD or State Relay number

**References and Citations:**

**Title VI of the Civil Rights Act of 1964**

**Section 504 of the Rehabilitation Act of 1973**

**Age Discrimination Act of 1975**

**Title 45 Code of Federal Regulations Parts 80, 84, and 91**

**Section 1557 of the Patient Protection and Affordable Care Act of 2010, 42 U.S.C. § 18116**

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|--------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>Original Effective Date:</b>      | 09/15                 |                       |                       |                       |                       |
| <b>Reviewed and/or Revised Dates</b> |                       |                       |                       |                       |                       |
|                                      | <b>1<sup>st</sup></b> | <b>2<sup>nd</sup></b> | <b>3<sup>rd</sup></b> | <b>4<sup>th</sup></b> | <b>5<sup>th</sup></b> |
| <b>Review Date:</b>                  | 02/19                 | 04/21                 |                       |                       |                       |
| <b>Revised Date:</b>                 |                       |                       |                       |                       |                       |
| <b>Supersedes:</b>                   |                       |                       |                       |                       |                       |
| <b>By:</b>                           | RJW                   | RJW                   |                       |                       |                       |