



EMORY

HEALTHCARE

Affordable Care Act - Section 1557 Nondiscrimination in Health Programs and Activities

Updated 01/2026

Emory Healthcare, Inc. (EHC) entities to include, but not limited to, Emory University Hospital, Emory University Orthopaedics & Spine Hospital, Emory University Hospital Midtown, Emory Johns Creek Hospital, Emory Saint Joseph’s Hospital, Emory Decatur Hospital, Emory Hillandale Hospital, Emory Hospital Warner Robins, Emory Hospital Perry, Emory Ambulatory Surgery Center at Dunwoody, LLC, Emory Ambulatory Surgery Center at Lagrange, Emory Ambulatory Surgery Centers, The Emory Clinic, Inc., Emory Specialty Associates, LLC, Emory North Clifton, Inc. d/b/a Viridian Towers, Emory Dialysis, LLC, Emory Long-Term Acute Care, Emory Rehabilitation Hospital in partnership with Select Medical, Emory Rehabilitation Outpatient Centers in partnership with Select Medical, Emory Physical Therapy, LLC, Emory Houston ASC (collectively Emory Healthcare).

EHC complies with applicable Federal Civil Rights laws and does not exclude, deny access/benefits to health care, or otherwise discriminate against or treat differently any person 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 C.F.R. § 92.101(a)(2)), age or disability, in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by EHC directly or through a contractor or any other entity with which EHC 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, Affordable Act Section 1557, and Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 92.

EHC provides reasonable modifications for individuals with disabilities, and appropriate auxiliary aids and services, including qualified interpreters for individuals with disabilities and information in alternate formats, such as braille or large print, free of charge and in a timely manner, when such modifications, aids, and services are necessary to ensure accessibility and an equal opportunity to participate to individuals with disabilities.

EHC provides language assistance services, including electronic and written translated documents and oral interpretation, free of charge and in a timely manner, when such services are a reasonable step to provide meaningful access to an individual with limited English proficiency. Should you require any of these services, please let the person scheduling your appointment know about the assistance you need, and/or contact your physician’s office directly prior to your appointment or contact the below appropriate Patient Advocate Office for assistance.

If you believe that EHC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, gender identity or sex, you can file a grievance. Please contact the Patient Advocate office for the facility for which you have the grievance (see grievance procedure below. The Patient Advocate can assist you if you need help filing a grievance.

You may also file a Civil Rights Complaint with the U.S. Department of Health and Human Services Office for Civil Rights online at <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html> or by mail at: Centralized Case Management Operations U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington DC, 20201.’ If you have any questions or need help filing, you may email OCR at OCRAMail@hhs.gov or call the U.S. Department of Health and Human Services, Office for Civil Rights toll-free at: 1-800-368-1019, TDD: 1-800-537-7697.

Grievance Procedure – Section 1557 of the Affordable Care Act

EHC has adopted an internal grievance procedure for all facilities and clinics providing for prompt and equitable resolution of complaints alleging any action prohibited by the Affordable Care Act Section 1557. Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, gender identity, age or disability may file a grievance. It is against the law for EHC to retaliate against anyone who files a grievance or cooperates in the investigation of a grievance.

Procedure: Grievances must be submitted to the Patient Advocate for the facility where the issue occurred within 30 days of the date the person filing the grievance becomes aware of the alleged discriminatory action. The Patient Advocate shall contact the Section 1557 Coordinator. The Section 1557 Coordinator may delegate investigation duties to assist with the investigation as needed to appropriate individuals within the facility, including the Patient Advocate. A grievance should generally be in writing, containing the name and address of the person filing it. The grievance must state in as much detail as possible the problem or action alleged to be discriminatory and the remedy or relief sought.

The Section 1557 Coordinator, Patient Advocate or other appropriate person shall conduct an investigation of the grievance. This investigation may be informal, but must be thorough, affording all interested persons an opportunity to submit relevant evidence. Files and records related to such grievance will be maintained. A written decision on the grievance will be completed no later than 30 business days after its filing. The person filing the grievance may appeal the decision within 15 days of receipt by writing to the Chief Compliance Officer, Emory Healthcare Office of Compliance and Privacy, 2201 Henderson Mill Road, Suite 150, Atlanta, GA 30345. Appropriate arrangements will be made to ensure that disabled persons are provided accommodations, if needed, to participate in the grievance process. Such arrangements may include, but are not limited to, providing interpreters for the deaf, providing appropriate material for the blind, or assuring a barrier-free location for the proceedings. The availability of the Emory Healthcare Section 1557 grievance process does not prevent a person from filing a Civil Rights Complaint with the U.S. Department of Health and Human Services, Office for Civil Rights

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ATTENTION: If you speak any language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-404-727-3648 (option-1) (TTY: 1-800-255-0056) or speak to your provider.

Amharic አማርኛ ማህበረሰቡ፡- አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ደጋፍ አገልግሎት በነፃ ይቀርብልዎታል። ማረጃን በተደራሽ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ አገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር 1-404-727-3648 (option-1) (TTY: 1-800-255-0056) ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።
Arabic العربية تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-404-727-3648 option (TTY: 1-800-255-0056) أو تحدث إلى مقدم الخدمة
Chinese 中文 注意: 如果您说[中文], 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。致电 1-404-727-3648 (文本电话 1-800-255-0056) 或咨询您的服务提供商。
French Français ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-404-727-3648 (TTY : 1-800-255-0056) ou parlez à votre fournisseur.
German ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-404-727-3648 (TTY : 1-800-255-0056) an oder sprechen Sie mit Ihrem Provider.
Gujarati ગુજરાતી ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓફર/લિટી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વાનિ મૂલ્યે ઉપલબ્ધ છે. 1-404-727-3648 (TTY : 1-800-255-0056) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
Hindi हदी ध्यान दें: यदि आप हदी बोलते हैं, तो आपके लिए निशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएं भी निशुल्क उपलब्ध हैं। 1-404-727-3648 (TTY : 1-800-255-0056) पर कॉल करें या अपने प्रदाता से बात करें।

Japanese 日本語 注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-404-727-3648 (TTY : 1-800-255-0056) までお電話ください。または、ご利用の事業者にご相談ください。
Korean 한국어 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-404-727-3648 (TTY : 1-800-255-0056)번으로 전화하거나 서비스 제공업체에 문의하십시오.
Farsi فارسي توجه: اگر صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به عنوان رایگان موجود می باشد. یا تماس بگیرید. یا با ارائه دهندد خود صحبت کنید. 1-404-727-3648 (تلفن: 1-800-255-0056) تماس بگیرید. یا با ارائه دهندد خود صحبت کنید.
Brazilian Portuguese Português do Brasil ATENÇÃO: Se você fala [insereir idioma], serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-404-727-3648 (TTY: 1-800-255-0056) ou fale com seu provedor.
Russian РУССКИЙ ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-404-727-3648 (TTY: 1-800-255-0056) или обратитесь к своему поставщику услуг.
Spanish Español ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-404-727-3648 (TTY: 1-800-255-0056) o hable con su proveedor.
Vietnamese Việt LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng để tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-404-727-3648 (Người khuyết tật: 1-800-255-0056) hoặc trao đổi với người cung cấp dịch vụ của bạn.
 ASL American Sign Language (ASL) interpretation services are available through Video Remote Interpreting (VRI) or by scheduling an appointment for an on-site interpreter.

Telephone numbers are accessible to persons who are deaf or hard of hearing by dialing 711 or 1-800-255-0056 from a TTY/TDD. Interpretation Services contact information: interpreter@emoryhealthcare.org 404-727-3648 (Option 1)

Current List of Facility Patient Advocate Contacts

Emory Johns Creek Hospital 678-474-7028	Winship Cancer Institute (all sites) 404-778-7221	Physician Group Practice (all sites) Outpatient 404-778-3539	Emory Rehabilitation Hospital/Select Specialty 404-712-2590
Emory Saint Joseph’s Hospital 678-843-5121	Emory University Hospital Midtown and Inpatient Winship at Emory Midtown 404-686-1999	Emory Proton Center 404-251-0744	Emory Hospital, Warner Robbins 478-542-7841
Emory Decatur Hospital 404-501-1107	Emory University Hospital & Emory University Orthopaedics & Spine Hospital 404-686-7593	Emory St. Francis 706-596-4253	Emory Hospital, Perry 478-218-1626
Emory Hillandale/Long-Term Acute Care 404-501-8377			

