

Discrimination is Against the Law

As a recipient of Federal financial assistance, Ancora Pain Recovery does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, gender, sex, religion, color, national origin, disability, age or any unlawful reason in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by Ancora Pain Recovery directly or through a contractor or any other entity with which Ancora Pain Recovery arranges to carry out its programs and activities.

This Statement 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, 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 91.

Ancora Pain Recovery provides free language services to people whose primary language is not English, such as: Information written in other languages and Qualified Interpreters. Please inform our staff of your communication needs.

*If you need this service, contact the Compliance
Officer at 706-549-8114*

If you believe that Ancora Pain Recovery 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: Gretchen Bryant, Compliance Officer, 1620 Prince Avenue, Athens, GA 30606, Office Telephone: 706-549-8114, Office Fax: 706-286-7088, Email: Gretchenb@ancorapain.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Compliance Officer is available to help you.

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>.



1) Spanish: ATENCIÓN: Si usted habla a español, tienen la lengua apoyo servicios sin costo alguno para usted. Llamar al 706-549-8114

2) Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 706-549-8114

3) 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 706-549-8114

4) Korean: 만약 당신이 한국어를 말하는, 당신을 위해 서비스를 무료로 지원 언어를 했습니다. 706-549-8114 전화

5) Arabic: غة مهيدل، غة برعل غة لل شحتت تنك اذا: 706-549-8114

6) Portuguese: Atenção: Se você fala alemão, os serviços de suporte de idioma tem suporte gratuito para você. Chame 706-549-8114

7) German: Achtung: Wenn du sprichst Deutsch haben die Sprache Dienstleistungen kostenlos für Sie zu unterstützen. Rufen Sie 706-549-8114

8) French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposes gratuitement. Appelez le 706-549-8114

9) Hindi: ध्यान द: यद आप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध हा 706-549-8114

10) Persian (Farsi) ن ابز یسراف فرح رگا: 706-549-8114

11) Amharic: ንኩረት: 706-549-8114 ይደውሉ

12) Gujarati: સાવધાન: તમે ગુજરાતી બોલે તો, તમારા મફત ભાષા સહાય સેવાઓ તેમના અન્ય નિકાલ પર છે. કોલ 706-549-8114

13) Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 706-549-8114

14) Japanese: 注意: あなたが日本語を話す言語サポートサービスはあなたのための無料サポートをあります。706-549-8114 を呼び出す

15) Haitian Creole: Koute: Si ou pale kreyòl ayisyen, sèvis sipò lang gen sipò gratis pou ou. Rele 706-549-8114