

Nondiscrimination and Accessibility Statement

No discrimination is to be made against any KBH consumer relative to race, creed, religion, gender, age, national origin, political belief, sexual preference, handicap or nature of complaint that a consumer might institute against KBH.

All treatment programs are to be conducted consistent with basic human rights. While, essentially, only "voluntary" consumers are treated in KBH programs, in cases where KBH clinicians are involved in a Petition for Involuntary Commitment of a patient to a public facility, such procedures will be conducted in a least restrictive manner, consistent with the protection of Patient Rights and dignity and the legitimate protection and needs of the individual and community.

Consistent with these rights all consumers of services shall be assured freedom from abuse, neglect, exploitation, humiliation, and or retaliation.

Kennebec Behavioral Health

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- 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
- Information written in other languages

If you need these services, please let your KBH provider know.

If you believe that Kennebec Behavioral Health has failed to provide these services or discriminated in conflict with the policy above, you can file a grievance with the Agency. All grievances shall be made in writing. Grievants may write their grievances in letter form or may use the Grievance Form. Grievance forms are available through any KBH staff member.

Formal grievances shall be filed with the Chief Executive Officer. The Chief Executive Officer shall designate a "Complaint Officer" to formally review the circumstances outlined in the grievance and write a response to the grievance with the findings of their review. It shall be the Complaint Officer's decision as to the formal process for reviewing the Grievance.

A formal written response shall be made within five (5) days, excluding weekends and holidays.

If the agency staff needs a longer period to investigate the circumstances of the grievance, a five (5) day extension shall be made and the grievant so notified. Such written response shall be forwarded to the Chief Executive Officer and sent to the grievant. If the grievant is unsatisfied with the findings at the first level, he or she may appeal the decision to the Department of Health and Human Services.

Such an appeal must be made within ten (10) days, excluding weekends and holidays.

The Chief Executive Officer or designee shall forward copies of such an appeal to the Department of Health and Human Services.

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 509 F, HHH Building
Washington DC 20201
1-800-368-1019, 800-537-7697 (TDD)

English

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call our Access Center 1-888-322-2136 (TTY: 711).

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-322-2136 (ATS : 711).

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-322-2136 (TTY: 711).

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 1-888-322-2136 (TTY : 711) 。

Cushite/Oromo

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-322-2136 (TTY: 711).

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-322-2136 (TTY: 711).

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-322-2136 (رقم

هاتف الصم والبكم: 711:TTY-)

Cambodian

។ ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ
ទូរស័ព្ទ 1-888-322-2136 (TTY: 711)

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-322-2136 (телетайп: 711).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-322-2136 (TTY: 711).

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-322-2136 (TTY: 711).

Thai

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-322-2136 (TTY: 711).

Nilotic/Dinka

PID KENE: Na ye jam në Thuonjan, ke kuony yenë kɔc waar thook atō kuka lëu yök abac ke cïn wënh cuatë piny. Yuopë 1-888-322-2136 (TTY: 711)

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-322-2136 (TTY: 711)번으로 전화해 주십시오.

Polish

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-322-2136 (TTY: 711).

Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-322-2136 (TTY:711) まで、お電話にてご連絡ください。