

# 환자 관련 서비스에 대한 차별 금지 통지

NYC Health + Hospitals는 모든 해당 연방, 주 및 지역 시민권 법률을 준수하며, 환자 관련 서비스와 관련하여 인종, 피부색, 이민 신분, 출신국(제한된 영어 구사력 및 모국어 포함), 연령, 군 복무, 임신, 종교, 결혼 또는 파트너십 상태, 장애, 성 정체성 또는 성별(성적 특징, 간성 특징, 성적 지향, 성별 고정관념, 임신 또는 관련 상태를 포함하되 이에 국한되지 않음)을 이유로 차별하지 않습니다(배제하거나 다르게 대우하지 않습니다).

NYC Health + Hospitals는:

- 장애인과의 효과적인 의사소통을 위해 다음과 같은 보조 수단과 서비스를 포함한 합리적인 편의를 무료로 제공합니다.
  - + 유자격 수화 통역자
  - + 다른 형식의 서면 정보(점자, 큰 활자, 오디오, 접근이 용이한 전자 형식)
- 영어가 모국어가 아닌 분들에게 다음과 같은 무료 언어 지원 서비스를 제공합니다.
  - + 유자격 통역사
  - + 다른 언어로 작성된 정보(전자 및 인쇄본 모두)

이러한 서비스가 필요한 경우 직원에게 알려주시거나 환자 경험 사무실로 연락해 주십시오.

Section 1557 비차별 및 접근성 코디네이터의 연락처 정보는 다음과 같습니다.

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### 급성 시설

NYC Health + Hospitals 시설	핸드폰	이메일
NYC Health + Hospitals/Bellevue	<a href="tel:212-562-6071">212-562-6071</a>	<a href="mailto:Section1557.Bellevue@nychhc.org">Section1557.Bellevue@nychhc.org</a>
NYC Health + Hospitals/Elmhurst	<a href="tel:718-334-3690">718-334-3690</a>	<a href="mailto:Section1557.Elmhurst@nychhc.org">Section1557.Elmhurst@nychhc.org</a>
NYC Health + Hospitals/Harlem	<a href="tel:212-939-1790">212-939-1790</a>	<a href="mailto:Section1557.Harlem@nychhc.org">Section1557.Harlem@nychhc.org</a>
NYC Health + Hospitals/Jacobi	<a href="tel:718-918-5245">718-918-5245</a>	<a href="mailto:Section1557.Jacobi@nychhc.org">Section1557.Jacobi@nychhc.org</a>
NYC Health + Hospitals/Kings County	<a href="tel:718-245-7418">718-245-7418</a>	<a href="mailto:Section1557.Kings@nychhc.org">Section1557.Kings@nychhc.org</a>
NYC Health + Hospitals/Lincoln	<a href="tel:718-579-5537">718-579-5537</a>	<a href="mailto:Section1557.Lincoln@nychhc.org">Section1557.Lincoln@nychhc.org</a>
NYC Health + Hospitals/Metropolitan	<a href="tel:212-423-7232">212-423-7232</a>	<a href="mailto:Section1557.Metropolitan@nychhc.org">Section1557.Metropolitan@nychhc.org</a>
NYC Health + Hospitals/North Central Bronx	<a href="tel:718-519-4747">718-519-4747</a>	<a href="mailto:Section1557.NorthCentralBronx@nychhc.org">Section1557.NorthCentralBronx@nychhc.org</a>
NYC Health + Hospitals/Queens	<a href="tel:718-883-2058">718-883-2058</a>	<a href="mailto:Section1557.Queens@nychhc.org">Section1557.Queens@nychhc.org</a>
NYC Health + Hospitals/South Brooklyn Health	<a href="tel:718-616-4164">718-616-4164</a>	<a href="mailto:Section1557.SouthBrooklynHealth@nychhc.org">Section1557.SouthBrooklynHealth@nychhc.org</a>
NYC Health + Hospitals/Woodhull	<a href="tel:718-963-8465">718-963-8465</a>	<a href="mailto:Section1557.Woodhull@nychhc.org">Section1557.Woodhull@nychhc.org</a>

### 급성 후/장기 진료 시설

NYC Health + Hospitals 시설	핸드폰	이메일
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NYC Health + Hospitals/Carter	<a href="tel:646-686-0963">646-686-0963</a>	<a href="mailto:Section1557.postacute@nychhc.org">Section1557.postacute@nychhc.org</a>
NYC Health + Hospitals/Coler	<a href="tel:212-848-5792">212-848-5792</a>	<a href="mailto:Section1557.postacute@nychhc.org">Section1557.postacute@nychhc.org</a>
NYC Health + Hospitals/Gouverneur(장기)	<a href="tel:212-441-5015">212-441-5015</a>	<a href="mailto:Section1557.postacute@nychhc.org">Section1557.postacute@nychhc.org</a>
NYC Health + Hospitals/McKinney	<a href="tel:718-245-7100">718-245-7100</a>	<a href="mailto:Section1557.postacute@nychhc.org">Section1557.postacute@nychhc.org</a>
NYC Health + Hospitals/Sea View	<a href="tel:718-317-3621">718-317-3621</a>	<a href="mailto:Section1557.postacute@nychhc.org">Section1557.postacute@nychhc.org</a>

**Gotham Health 센터**

<b>NYC Health + Hospitals 시설</b>	<b>핸드폰</b>	<b>이메일</b>
NYC Health + Hospitals/Gotham Health, Bedford	<a href="tel:646-614-4910">646-614-4910</a>	<a href="mailto:Section1557.Gotham@nychhc.org">Section1557.Gotham@nychhc.org</a>
NYC Health + Hospitals/Gotham Health, Belvis	<a href="tel:718-579-5985">718-579-5985</a>	<a href="mailto:Section1557.Gotham@nychhc.org">Section1557.Gotham@nychhc.org</a>
NYC Health + Hospitals/Gotham Health, Broadway	<a href="tel:646-614-8332">646-614-8332</a>	<a href="mailto:Section1557.Gotham@nychhc.org">Section1557.Gotham@nychhc.org</a>
NYC Health + Hospitals/Gotham Health, Brownsville	<a href="tel:718-963-7822">718-963-7822</a>	<a href="mailto:Section1557.Gotham@nychhc.org">Section1557.Gotham@nychhc.org</a>
NYC Health + Hospitals/Gotham Health, Bushwick	<a href="tel:646-614-4910">646-614-4910</a>	<a href="mailto:Section1557.Gotham@nychhc.org">Section1557.Gotham@nychhc.org</a>
NYC Health + Hospitals/Gotham Health, Crown Heights	<a href="tel:718-963-7822">718-963-7822</a>	<a href="mailto:Section1557.Gotham@nychhc.org">Section1557.Gotham@nychhc.org</a>
NYC Health + Hospitals/Gotham Health, Cumberland	<a href="tel:718-260-7528">718-260-7528</a>	<a href="mailto:Section1557.Gotham@nychhc.org">Section1557.Gotham@nychhc.org</a>

NYC Health + Hospitals/Gotham Health, Dyckman	<a href="tel:929-469-6898">929-469-6898</a>	<a href="mailto:Section1557.Gotham@nychhc.org">Section1557.Gotham@nychhc.org</a>
NYC Health + Hospitals/Gotham Health, East New York	<a href="tel:718-240-0665">718-240-0665</a>	<a href="mailto:Section1557.Gotham@nychhc.org">Section1557.Gotham@nychhc.org</a>
NYC Health + Hospitals/Gotham Health, Gouverneur	<a href="tel:212-238-7746">212 238-7746</a>	<a href="mailto:Section1557.Gotham@nychhc.org">Section1557.Gotham@nychhc.org</a>
NYC Health + Hospitals/Gotham Health, Greenpoint	<a href="tel:718-630-3231">718-630-3231</a>	<a href="mailto:Section1557.Gotham@nychhc.org">Section1557.Gotham@nychhc.org</a>
NYC Health + Hospitals/Gotham Health, Gun Hill	<a href="tel:718-288-7089">718-288-7089</a>	<a href="mailto:Section1557.Gotham@nychhc.org">Section1557.Gotham@nychhc.org</a>
NYC Health + Hospitals/Gotham Health, Jackson Heights	<a href="tel:646-615-7905">646-615-7905</a>	<a href="mailto:Section1557.Gotham@nychhc.org">Section1557.Gotham@nychhc.org</a>
NYC Health + Hospitals/Gotham Health, Jonathan Williams	<a href="tel:646-614-8584">646-614-8584</a>	<a href="mailto:Section1557.Gotham@nychhc.org">Section1557.Gotham@nychhc.org</a>
NYC Health + Hospitals/Gotham Health, Judson	<a href="tel:212-925-5000">212-925-5000</a>	<a href="mailto:Section1557.Gotham@nychhc.org">Section1557.Gotham@nychhc.org</a>
NYC Health + Hospitals/Gotham Health, Lefrak	<a href="tel:646-615-7905">646-615-7905</a>	<a href="mailto:Section1557.Gotham@nychhc.org">Section1557.Gotham@nychhc.org</a>
NYC Health + Hospitals/Gotham Health, Morrisania	<a href="tel:718-288-7089">718-288-7089</a>	<a href="mailto:Section1557.Gotham@nychhc.org">Section1557.Gotham@nychhc.org</a>
NYC Health + Hospitals/Gotham Health, Parsons	<a href="tel:718-334-6423">718-334-6423</a>	<a href="mailto:Section1557.Gotham@nychhc.org">Section1557.Gotham@nychhc.org</a>
NYC Health + Hospitals/Gotham Health, Ridgewood	<a href="tel:646-615-7905">646-615-7905</a>	<a href="mailto:Section1557.Gotham@nychhc.org">Section1557.Gotham@nychhc.org</a>

NYC Health + Hospitals/Gotham Health, Roberto Clemente Center	<a href="tel:212-387-7446">212-387-7446</a>	<a href="mailto:Section1557.Gotham@nychhc.org">Section1557.Gotham@nychhc.org</a>
NYC Health + Hospitals/Gotham Health, Roosevelt	<a href="tel:646-615-7846">646-615-7846</a>	<a href="mailto:Section1557.Gotham@nychhc.org">Section1557.Gotham@nychhc.org</a>
NYC Health + Hospitals/Gotham Health, South Queens	<a href="tel:718-883-6648">718-883-6648</a>	<a href="mailto:Section1557.Gotham@nychhc.org">Section1557.Gotham@nychhc.org</a>
NYC Health + Hospitals/Gotham Health, Springfield Gardens	<a href="tel:718-334-6805">718-334-6805</a>	<a href="mailto:Section1557.Gotham@nychhc.org">Section1557.Gotham@nychhc.org</a>
NYC Health + Hospitals/Gotham Health, St. Nicholas	<a href="tel:929-469-6898">929-469-6898</a>	<a href="mailto:Section1557.Gotham@nychhc.org">Section1557.Gotham@nychhc.org</a>
NYC Health + Hospitals/Gotham Health, Sydenham	<a href="tel:929-469-6898">929-469-6898</a>	<a href="mailto:Section1557.Gotham@nychhc.org">Section1557.Gotham@nychhc.org</a>
NYC Health + Hospitals/Gotham Health, Tremont	<a href="tel:718-960-2771">718-960-2771</a>	<a href="mailto:Section1557.Gotham@nychhc.org">Section1557.Gotham@nychhc.org</a>
NYC Health + Hospitals/Gotham Health, Vanderbilt	<a href="tel:718-616-1040">718-616-1040</a>	<a href="mailto:Section1557.Gotham@nychhc.org">Section1557.Gotham@nychhc.org</a>
NYC Health + Hospitals/Gotham Health, Williamsburg	<a href="tel:646-614-8584">646-614-8584</a>	<a href="mailto:Section1557.Gotham@nychhc.org">Section1557.Gotham@nychhc.org</a>
NYC Health + Hospitals/Gotham Health, Woodside	<a href="tel:646-615-7905">646-615-7905</a>	<a href="mailto:Section1557.Gotham@nychhc.org">Section1557.Gotham@nychhc.org</a>

NYC Health + Hospitals가 이러한 서비스를 제공하지 않았거나 인종, 피부색, 출신국(제한된 영어 구사력 및 모국어 포함), 연령, 장애, 성 정체성 또는 성별(성적 특징, 간성 특징, 성적 지향, 성별 고정관념, 임신 또는 관련 상태를 포함하되 이에 국한되지 않음)을 이유로 다른 방식으로 차별했다고 생각하시는 경우, 사건이 발생한 시설의 Section 1557 코디네이터에게 불만을 제기하실 수 있습니다.

이메일이나 전화로 고충을 제기하실 수 있습니다. 고충 제기에 도움이 필요하신 경우, Section 1557 코디네이터가 도움을 드릴 수 있습니다. 각 시설의 연락처는 위의 목록을 참조하십시오.

민권실 고충처리 포털인 <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>를 통해 온라인상으로 또는 우편이나 전화로 미보건복지부 민권실에 연락하여 민권 불만을 제기하실 수 있습니다. 연락처:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201  
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불만제기 양식은 <http://www.hhs.gov/ocr/office/file/index.html>에서 이용할 수 있습니다.