



**POLICY TITLE: Non-Discrimination Policy**

**OWNER: Administration**

**DOCUMENT NUMBER:  
ADM.037**

**APPROVED BY: Morgan Allison, CEO**

**EFFECTIVE DATE: 9/1/2015**

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**PURPOSE:**

To ensure that compliance with our non-discrimination policy

**SCOPE:**

All Kiowa County Memorial Hospital/clinic/ambulance employees are responsible for reporting any reports of discrimination

**PROCEDURE:**

Kiowa County Memorial Hospital does not discriminate with regard to patient admissions, room assignment, patient services, or employment on the basis of race, color, national origin, gender, sexual orientation, religion, disability or age. If assistance or communication aids for impaired hearing, vision, speech, or manual skills are needed, KCMH will make reasonable accommodations.

**PURPOSE:**

To define the organization's policy regarding nondiscrimination.

**STANDARD:**

In furtherance of our nation's commitment to end discrimination, and in accordance with the provisions of Section 504 of the Rehabilitation Act of 1973, Title VI of the Civil Rights Act of 1964, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services pursuant to the Acts, Title 45 Code of Federal Regulations Part 80, 84, and 91, and all other nondiscriminatory acts protecting the rights of the disabled and other individuals or groups, KCMH has established the following policy.

**COMMUNICATION OF POLICY:**

KCMH's notice of nondiscrimination is communicated to all participants, beneficiaries, and other interested persons via multiple methods, including but not limited to the following: The notice is placed public areas, is posted in public registration areas, and is posted on the KCMH's web site.

**COMPLAINT PROCESS:**

KCMH has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by the U.S. Department of Health and Human Services regulations (45 C.F.R. Part 84), implementing Section 504 of the Rehabilitation Act of 1973 as amended (29 U.S.C. 794). Section 504 states, in part, that "no otherwise qualified disabled individual...shall solely by reason of his/her disability, be excluded from participation in, be denied benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance...". The Administrator, 721 W. Kansas. Greensburg, KS, Phone (620) 723-3341, has been designated to coordinate the efforts of KCMH to comply with the regulations. The hospital Corporate Compliance Officer serves as the Section 504 Coordinator.

1. A complaint should be in writing, contain the name and address of the person filing it, and briefly describe the discriminatory act.
2. A complaint should be filed in the office of the Corporate Compliance Officer within 30 days after the person filing the complaint becomes aware of the alleged discriminatory act.
3. The Administrator, or designee, will investigate the complaint. The investigation will be informal but thorough, affording all interested persons and their representatives an opportunity to submit evidence relevant to the complaint.
4. The Administrator shall issue a written decision determining the validity of the complaint no later than 30 days after its filing.
5. The Corporate Compliance Officer shall maintain the files and records relating to all complaints filed. The Corporate Compliance Officer may assist persons with the preparations and filing of complaints, and advise the Administrator concerning their resolution.
6. These rules shall be liberally construed to protect the substantial rights of interested persons to meeting appropriate due process standards and assure KCMH's compliance with Section 504 and the regulations.

In case of questions regarding this policy, or in the event of a desire to file a complaint alleging violations of the above, contact:

Hospital Administration  
Kiowa County Memorial Hospital  
721 W. Kansas, Greensburg, KS 67054  
Phone (620) 723-3341  
[administration@kcmh.net](mailto:administration@kcmh.net)

An individual who files a complaint may pursue other remedies including filing with:

Office for Civil Rights  
U.S. Department of Health and Human Services  
601 East 12 Street Room 248  
Kansas City, Missouri 64106  
Phone: (816) 426-7278  
Fax: (816) 426-3638

## Discrimination is Against the Law

Kiowa County Memorial Hospital and Greensburg Family Practice comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Kiowa County Memorial Hospital and Greensburg Family Practice do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Kiowa County Memorial Hospital and Greensburg Family Practice:

- Provide free aids and services to people with disabilities to communicate effectively
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Hospital Administrator.

If you believe that Kiowa County Memorial Hospital or Greensburg Family Practice has 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: Hospital Administration, Kiowa County Memorial Hospital 721 W. Kansas Avenue, Greensburg, Kansas 67054 (620) 723-3341, or email [administration@kcmh.net](mailto:administration@kcmh.net). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Hospital Administrator 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>.