Nondiscrimination Notice (Section 1557)
OC Hospice Care, Inc. · 19626 Ventura Blvd., Suite 225, Tarzana, CA 91356 · (747) 215-2070

In short: everyone gets the same care here ? regardless of race, color, national origin, age, disability or sex ? with free interpreters, free language services and free communication aids for people with disabilities. If you believe we fell short, you can file a grievance with us or a complaint with the federal Office for Civil Rights; the details are below.

? Discrimination is against the law

OC Hospice Care, Inc. complies with applicable Federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation, gender identity and sex characteristics).

OC Hospice Care, Inc. provides, free of charge and in a timely manner:

? Aids and services for people with disabilities to communicate effectively with us, such as qualified sign-language interpreters and written information in other formats (large print, audio ? every informational page on this website offers a "Listen" option ? and accessible electronic formats).

? Language services for people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, call us at (747) 215-2070 ? any hour, any day.

If you believe we have failed to provide these services or discriminated in another way, you can file a grievance with our Civil Rights Coordinator (Administrator), OC Hospice Care, Inc., 19626 Ventura Blvd., Suite 225, Tarzana, CA 91356, phone (747) 215-2070, email contact@oc-hospice.com ? in person, by mail, by phone or by email, and we can help you file it. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights: electronically at ocrportal.hhs.gov, or by mail or phone at 200 Independence Avenue S.W., Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019 (TTY 1-800-537-7697). Complaint forms: hhs.gov/ocr/complaints.

? Free language assistance

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call (747) 215-2070.

? Español: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (747) 215-2070.

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? Ti?ng Vi?t: CHÚ Ý: N?u b?n nói Ti?ng Vi?t, có các d?ch v? h? tr? ngôn ng? mi?n phí dành cho b?n. G?i s? (747) 215-2070.

? Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (747) 215-2070.

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? Hmoob: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (747) 215-2070.

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Effective date: November 17, 2026.