Notice of Nondiscrimination and Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

D Street Dental (Steve Truman DDS Inc) — D Street Dental, San Rafael, California

Our Commitment

D Street Dental (Steve Truman DDS Inc) ("we," "us," or "our practice") **complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.** We do this consistent with **Section 1557 of the Affordable Care Act**, and, under California law, the **Unruh Civil Rights Act** and **California Government Code §11135**.

In plain language: we do not treat people unfairly or differently because of:

- **Race**
- **Color**
- **National origin** (including the language you speak)
- **Age**
- **Disability**
- **Sex** — including sex stereotypes, sex characteristics (including intersex traits), pregnancy or related conditions (such as childbirth, termination of pregnancy, and recovery), sexual orientation, and gender identity

We provide care and services to everyone in the same way. We do not deny services or treat any person differently because of any of the reasons listed above.

Free Help We Provide

We give the following help **free of charge** to anyone who needs it.

If you have a disability

We provide free aids and services to help you communicate with us, such as:

- Qualified sign-language interpreters
- Written information in other formats you can use (large print, audio, accessible electronic formats, and other formats)

If your primary language is not English

We provide free language help so you can understand and talk with us, such as:

- Qualified interpreters
- Information written in your language

How to Ask for These Services

If you need any of the help described above, please contact the person listed below. There is no charge for this help.

> **Note for the practice:** Under the 2024 Section 1557 rule, the designation of a Section 1557 Coordinator is required only for covered entities with **15 or more employees**. **Confirm your current employee headcount before finalizing.** If the practice has fewer than 15 employees, a formal "Coordinator" is not required — you may instead designate a responsible contact person (for example, the Privacy Officer or office manager) and the grievance mechanics below can be simplified. Either way, the notice content and the OCR/state complaint pathways still apply.

Civil Rights Contact (Section 1557 Coordinator, if applicable)

- **Name / Title:** [Coordinator or contact name, title — e.g., Dr. Steve Truman]
- **Address:** 1099 D Street, San Rafael, CA 94901
- **Phone:** (510) 883-3011
- **Email:** stevetrumandds@dstreetdental.com
- **TTY / Relay:** 711 or dial **711** (national relay)

How to File a Grievance (a Complaint With Our Practice)

If you believe that we failed to provide these services, or treated you unfairly because of your race, color, national origin, age, disability, or sex (including sex stereotypes, sex characteristics including intersex traits, pregnancy or related conditions, sexual orientation, or gender identity), you can file a grievance (a complaint) with our Civil Rights Contact.

You can file your grievance in any of these ways:

- **In person** — at 1099 D Street, San Rafael, CA 94901
- **By mail** — to the contact at the address above
- **By phone** — at (510) 883-3011 (TTY: 711 or dial 711)
- **By email** — at stevetrumandds@dstreetdental.com

If you need help filing a grievance, our Civil Rights Contact is available to help you. Filing a grievance will not change how we treat you or the care you receive.

When you file, please use this checklist so we have what we need to look into it:

- [ ] Your name and how to reach you (phone, mailing address, or email)
- [ ] The date the problem happened (or about when it happened)
- [ ] A description of what happened and who was involved
- [ ] What kind of help or outcome you are asking for
- [ ] Whether you need an interpreter, a specific format, or other help to take part in the review

You may file a grievance with our practice and a civil rights complaint with a government agency (federal or state) at the same time. You do not have to file with us first.

How to File a Complaint With the U.S. Government

You can also file a civil rights complaint with the **U.S. Department of Health and Human Services, Office for Civil Rights (OCR)**.

- **Online:** OCR Complaint Portal at ocrportal.hhs.gov
- **By mail:** U.S. Department of Health and Human Services 200 Independence Avenue SW Room 509F, HHH Building Washington, DC 20201
- **By phone:** 1-800-368-1019 (TDD: 1-800-537-7697)

Complaint forms are available at https://www.hhs.gov/ocr/complaints/index.html.

How to File a Complaint With the State of California

Because we are a California practice, you may also file a complaint with the **California Civil Rights Department (CRD)** (formerly the Department of Fair Employment and Housing), which enforces the Unruh Civil Rights Act.

- **Online:** calcivilrights.ca.gov
- **By phone:** 1-800-884-1684 (TTY: dial 711)

If our practice contracts with **Medi-Cal / Denti-Cal**, you also have the right to free interpreter services and threshold-language materials under the **California Department of Health Care Services (DHCS)** rules, and you may raise concerns with your Medi-Cal/Denti-Cal plan. **[Practice: confirm whether you participate in Medi-Cal/Denti-Cal and remove this paragraph if you do not.]**

Posting and Distribution (Instructions for the Practice)

> **This section is for office staff — it is not part of the patient-facing notice, but the notice is not compliant until these steps are done.**

To meet the Section 1557 requirements, this notice (and the language taglines below) must be:

- [ ] **Posted in a conspicuous physical location** where the practice interacts with the public (for example, the reception/check-in area).
- [ ] **Posted on the practice website home page** (or linked clearly from it).
- [ ] **Provided in significant publications and communications** the practice sends to patients (for example, patient handbooks, intake packets, and similar materials).
- [ ] **Furnished at least annually and upon request**, and to each patient at a relevant point of contact (for example, at intake).

The standalone **Notice of Availability of Language Assistance Services and Auxiliary Aids and Services** must appear in the **top 15 languages spoken by individuals with limited English proficiency in California** (see taglines below) and accompany the postings above.

Effective Date and Version Control

- **Effective date:** June 26, 2026
- **Version / revision:** [version number, e.g., v1.0]
- **Last reviewed / updated:** June 26, 2026
- **Review cadence:** This notice is furnished **at least annually and upon request**.

This notice **does not expire** and is **not revocable by the patient**. It is a unilateral statement of your rights, not a consent form or an authorization, so the expiration and revocation rules that apply to a HIPAA authorization do not apply here. It remains in effect until we replace it with a revised version (see version above).

Language Assistance — Taglines

> **Practice note:** The five taglines below are rendered. The remaining languages are listed as a checklist because they must be **fully translated and inserted before this notice is finalized, posted, or distributed.** Bracketed placeholders are not compliant as issued — every required language must appear in its own translated text in the final version.

English ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call (510) 883-3011 (TTY: 711 or dial 711).

Spanish (Español) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (510) 883-3011 (TTY: 711 o marque 711).

Chinese (繁體中文) 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 (510) 883-3011（TTY：711 或撥打 711）。

Vietnamese (Tiếng Việt) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (510) 883-3011 (TTY: 711 hoặc bấm 711).

Tagalog (Tagalog — Filipino) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (510) 883-3011 (TTY: 711 o i-dial ang 711).

Remaining California top-15 languages — REQUIRED before finalizing

Taglines in the following languages **must be fully translated into each language and inserted here** before this notice is posted or distributed. Use the standard wording: "*ATTENTION: If you speak [language], language assistance services, free of charge, are available to you. Call (510) 883-3011 (TTY: 711 or dial 711).*"

- [ ] Korean (한국어)
- [ ] Armenian (Հայերեն)
- [ ] Persian / Farsi (فارسی)
- [ ] Russian (Русский)
- [ ] Japanese (日本語)
- [ ] Arabic (العربية)
- [ ] Punjabi (ਪੰਜਾਬੀ)
- [ ] Khmer (ខ្មែរ)
- [ ] Hmong (Hmoob)
- [ ] Hindi (हिन्दी)
- [ ] Thai (ไทย)
- [ ] Mien — **[verify whether Mien belongs on your final list]**

> **Verify the list itself.** The 11 languages above are a working draft, not a confirmed final set. Before finalizing, confirm the exact "top 15" against the **current** HHS/OCR list of the top 15 languages in California **and** the **DHCS/DMHC Medi-Cal threshold-language list for Marin County and statewide** (these lists are updated periodically and may include or exclude languages shown here — Mien, for example, is a threshold language in some California counties). Do not assume this list is final.

Full-Notice Translation (Threshold Languages)

> **Practice note — meaningful access.** In San Rafael/Marin, **Spanish is a threshold language.** A one-line tagline alone does not give a limited-English patient access to the grievance and complaint content above. A **complete translated version of this entire notice** (not just the tagline) should be available **in Spanish, and in other threshold languages on request.** Insert or attach the full Spanish translation here before finalizing: **A complete Spanish-language version of this notice is available on request and is posted at dstreetdental.com/es/.**

Acknowledgment of Receipt (Optional)

> **Important — please read. Signing this is optional.** Your signature below only confirms that you **received a copy** of this notice. It is **not** a consent form, contract, or waiver of any rights. **Your care does not depend on signing, and choosing not to sign will not affect your treatment in any way.** (Where practical, the practice may keep this receipt-tracking sheet as a separate page from the rights notice above.)

By signing below, I confirm that I received a copy of this Notice of Nondiscrimination and Notice of Availability of Language Assistance Services and Auxiliary Aids and Services.

Patient / Responsible party

- Signature: _____
- Printed name: _____
- Date: _____

For a minor patient — parent or legal guardian

- Parent / legal guardian signature: _____
- Printed name: _____
- Relationship to patient: _____
- Minor patient's name: _____
- Date: _____

Practice use only

- Received by (staff name): _____
- Date: _____
- Interpreter or accessible format provided? ☐ Yes ☐ No — If yes, describe: _____
- Patient declined to sign (care unaffected)? ☐ Yes ☐ No