

Notice of Non-Discrimination

If you believe you have been discriminated against because of your:

- Gender, gender identification or sexual orientation
- Race, ethnicity, national origin, or ancestry
- Religion or culture
- Color, age, weight, or marital status
- Genetic information or because of a medical, mental, or physical disability
- Limited Language, Hearing or Vision; and,
 - You feel you were denied services, or your services were delayed because you do not speak, read, or write English.
 - You were not provided or are unhappy with the interpretation or translation services.
 - You are not provided with information in an alternative format.

You have the right to file a grievance.

HOW TO FILE A GRIEVANCE

You can file a grievance with your health plan at:

Blue Shield of California Promise Health Plan

Phone: 1-800-605-2556 (TTY 711)

In writing to: Blue Shield Promise Health Plan
Civil Rights Coordinator
601 Potrero Grande Dr.
Monterey Park, CA 91755

Online: [Blue Shield Promise Medi-Cal Grievance Form](#)

CalOptima Health

Phone: 1-888-587-8088 (TTY 711)

In writing: Fill out [Member Complaint Form \(caloptima.org\)](http://caloptima.org) or write a letter and send to -
505 City Parkway West
Orange, CA 92868

Online: [Grievance and Appeal Form \(caloptima.org\)](http://caloptima.org)

Health Net of California, Inc.

Phone: 1-866-458-2208 (TTY 711)

In writing to: Health Net Civil Rights Coordinator
P.O. Box 9103
Van Nuys, CA 91409-9103

Online: [Health Net Medi-Cal Grievance & Appeal Form](http://caloptima.org)

L.A. Care Health Plan

Phone: 1-888-839-9909 (TTY 711)

In writing to: L.A. Care Health Plan
Chief Compliance Officer
1055 West 7th Street, 10th Floor
Los Angeles, CA 90017

Email: civilrightscoordinator@lacare.org

Online: [L.A. Care Health Plan Grievance & Appeal Form](http://lacare.org)

Molina Healthcare of California

Phone: 1-888-665-4621 (TTY 711)
between Monday-Friday 7:00 a.m. – 7:00 p.m.

In writing: Call 1-888-665-4621 for a complaint form.
Fill it out and send to-

Molina Healthcare
200 Oceangate, Suite 100
Long Beach, CA 90802

Online: Molinahealthcare.com
Grievance form is available on My Molina at
<https://member.molinahealthcare.com/Member/Login>

You can also request assistance from AltaMed Health Network, Inc. (AHN) by clicking on the "File a Grievance" link or contacting us at:

AltaMed Health Network, Inc.

Attention: Office of Compliance and Privacy
1401 N. Montebello Blvd., Montebello, CA 90640
1-213-513-4272
compliance@altamedhn.com

You can also file a civil rights complaint with:

Office of Civil Rights – California Department of Health Care Services

Phone: 1-916-440-7370 (TTY 711)

In writing to: Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413

Email: CivilRights@dhcs.ca.gov

Online: https://www.dhcs.ca.gov/Pages/Language_Access.aspx.

Office for Civil Rights – U.S. Department of Health and Human Services

Phone: 1-800-368-1019 (TTY 1-800-537-7697 or 711)

In writing: U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Online: [Complaint Portal](#)

ACCESSIBILITY SERVICES

If you need these services:

- Free aids and services to people with disabilities to help them communicate better:
 - Qualified sign language interpreters.
 - Written information in other formats (large print, audio, electronic and other formats).
- Free language services to people whose primary language is not English:
 - Qualified interpreters.
 - Information written in other languages.

You can contact your health plan at:

Blue Shield of California Promise Health Plan

1-800-605-2556 (TTY 711)

[Language help and interpreter services | Blue Shield of CA Promise Health Plan \(blueshieldca.com\)](#)

CalOptima Health

1-888-587-8088 (TTY 711)

[Interpreter Services \(caloptima.org\)](#)

Health Net of California, Inc.

1-800-675-6110 (TTY 711)

[Language assistance | Health Net of California, Inc. \(healthnet.com\)](#)

L.A. Care Health Plan

1-888-839-9909 (TTY 711)

[Interpretation & Translation | L.A. Care Health Plan \(lacare.org\)](#)

Molina Healthcare of California

1-888-665-4621 (TTY 711)

[Language Assistance Services | Molina Healthcare of California \(molinahealthcare.com\)](#)

If you cannot hear or speak well, please call 711 to use the California Relay Service.

You can also contact **AltaMed Health Network, Inc.** by visiting our [Contact Us](#) page and Submit and Inquiry.