

NOTICE OF INTERPRETER SERVICES

Aspen Grocery Inc, DBA Clark's Pharmacy Aspen provides no cost services to people with disabilities to communicate effectively with us and those whose primary language is not English. Such services may include:

- No cost language services to people whose primary language is not English.
- Qualified remote sign language interpreters.
- Information written in other languages.

If you need these services, please talk with a pharmacy team member.

Language Assistance Services

English:	ATTENTION: If you speak English, language assistance services free of charge, are available to you. Please ask a pharmacy team member for assistance.
Spanish:	ATENCIÓN: Si usted habla español, servicios de asistencia lingüística de forma gratuita, están a su disposición. Por favor, solicite ayuda a un miembro del equipo de la farmacia.
Samoaan:	Atu: Afai e te tautala Samoa, auaunaga fesoasoani gagana aunoa ma se totogi, e maua ia te oe. Faamolemole ia fai atu i se tagata o le au faletalavai mo se fesoasoani.
Hawaiian:	Noonoo ana: Ina oukou e olelo Hawaiian, 'olelo kōkua hana me ka uku ole, ua loa'a iā'oukou. E ninau aku i ka pharmacy hui hoa no ka kōkua.
Chinese:	注意：如果您說中文，免費提供語言幫助服務，您可以使用。請向藥房團隊成員尋求幫助。
Korean:	주의 : 당신이 한국어를 말할 경우, 무료 언어 지원 서비스, 당신을 사용할 수 있습니다. 도움 약국 팀 구성원에게 문의하십시오.
Japanese:	注意：あなたが日本語を話す場合は、無償で言語支援サービスは、あなたにご利用いただけます。支援のための薬局チームメンバーにお問い合わせください。
Russian:	ВНИМАНИЕ: Если вы говорите России, переводческие услуги бесплатно, доступны для вас. Пожалуйста, обратитесь к члену команды аптеки для получения помощи.
Ukrainian:	УВАГА: Якщо ви говорите українською мовою, перекладацькі послуги безкоштовно, доступні для вас. Будь ласка, зверніться до члена команди аптеки для отримання допомоги.
French:	ATTENTION: Si vous parlez français, les services d'assistance linguistique gratuits, sont disponibles pour vous. Demandez conseil à un membre de l'équipe de pharmacie pour obtenir de l'aide.
Hindi:	□□□□□ : □□ , □□ , □□
German:	ACHTUNG: Wenn Sie Deutsch sprechen, stehen ihnen Sprachassistenzdienste kostenlos zur Verfügung. Bitte fragen Sie Ihren Apotheker nach Hilfe.

Arabic:	يرجى الطلب من أحد أفراد فريق صيدلية. إذا كنت تتكلم العربية، وخدمات المساعدة اللغوية مجانية، كما تتوفر لك تنبيه للحصول على المساعدة.
Italian:	ATTENZIONE: Se si parla italiano, servizi di assistenza di lingua gratuiti, sono a vostra disposizione. Si prega di chiedere un membro del team farmacia per l'assistenza.
Portuguese:	ATENÇÃO: Se você fala português, serviços de assistência linguística gratuitos estão disponíveis para você. Solicite ajuda a um membro da equipe de farmácia.
Vietnamese:	Chú ý: Nếu bạn nói tiếng Anh, dịch vụ hỗ trợ ngôn ngữ miễn phí, có sẵn cho bạn. Xin hỏi một thành viên trong nhóm thuốc hỗ trợ.

NOTICE OF NONDISCRIMINATION

Clark's Pharmacy Aspen complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Dan's Fresh Market Pharmacy does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Clark's Pharmacy Aspen:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats.

If you believe that Clark's Pharmacy Aspen has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex. **You may file a grievance with the Civil Rights Coordinator, 215 S Monarch G-103 Aspen, CO 81611. You may file a complaint in person, by mail, by phone at 970-925-5295; or by email tclark@clarksmarket.com.**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office of Civil Rights online at ocrportal.hhs.gov; by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building Washington, DC 20201; by phone at 1-800-368-1019 or 1-800-537-7697 (TDD).

Section 1557 Grievance Policy

It is the policy of Clark's Pharmacy Aspen not to discriminate on the basis of race, color, national origin, sex, or disability. Clark's Pharmacy Aspen has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by: (1) Section 1557 of the Affordable Care Act (42 U.S.C. § 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services ("Section 1557"). Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for

Clark's Pharmacy Aspen to retaliate against anyone who opposes discrimination, files a grievance or participates in the investigation of a grievance.

PROCEDURE

- Grievances must be submitted to the Civil Rights Coordinator within sixty (60) days of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Civil Rights Coordinator or their designee shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Civil Rights Coordinator will maintain the files and records of Clark's Pharmacy Aspen relating to such grievances. To the extent possible, and in accordance with applicable law, the Civil Rights Coordinator will take appropriate steps to preserve the confidentiality of files and records to grievances and will share them only with those who have a need to know.
- The Civil Rights Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than thirty (30) days after its filing, including a notice to the complainant of his or her right to pursue further administrative or legal remedies.
- The person filing the grievance may appeal the decision of the Civil Rights Coordinator by writing to the Chief Compliance Officer, within fifteen (15) days of receiving the Civil Rights Coordinator's decision. The Chief Compliance Officer shall issue a written decision in response to the appeal no later than thirty (30) days after its filing.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the Office of Civil Rights. A person can file a complaint of discrimination electronically through the Office of Civil Rights Complaint Portal, which is available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail

or phone at:

U.S. Department of Health and Human Services

HHH Building, Room 509F

200 Independence Avenue SW

Washington D.C. 20201

1-800-868-1019, 800-537-7697 (TDD)

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>.

Such complaints must be filed within one hundred eight (180) days of the date of the alleged discrimination. Clark's Pharmacy Aspen will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing audio recordings of materials for individuals with low vision. The Civil Rights Coordinator will be responsible for such arrangements.