

Nondiscrimination and Accessibility Notice (ACA Section 1557)

H-E-B Pharmacy complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. H-E-B Pharmacy does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex

H-E-B Pharmacy:

- Provides free aids and service to people with disabilities to communicate effectively with us, such as :
 - Qualified sign language interpreters; and
 - Written information in other formats (for example large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English such as:
 - Qualified interpreters; and
 - Certain information written in other languages

If you need these services, visit with a member of our Store Pharmacy team or contact our Pharmacy Contact Center at 844-290-1717 Monday through Friday 9:00 a.m. to 6:00 p.m.

If you believe that H-E-B Pharmacy 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 H-E-B Pharmacy Compliance Office, Attn: H-E-B Section 1557 Compliance Coordinator , 3503 Fredericksburg Rd. Suite B, San Antonio, Texas 78201, 1-844-371-0875, Fax 210-938-4933, email rxcompliance@heb.com.

You can report a concern or grievance in person or by mail, fax, or email. If you need help filing a grievance, the H-E-B Section 1557 Compliance Coordinator 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 or 800-537-7697 (TDD)

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

(Spanish) ATENCIÓN: Si habla español, los servicios de asistencia de idioma están disponibles, sin ningún costo para usted. Llame al 1-844-562-3977.

(Vietnamese) CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Hãy gọi 1-844-562-3980

(Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-552-3619 번으로 전화해 주십시오.

(Arabic) تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل على الرقم 1-844-540-1776

(Urdu) توجہ دیں: اگر آپ اردو بولتے ہیں تو لسانی مدد کی خدمات مفت میں آپ کے لیے دستیاب ہیں۔ 1-844-562-3979 (Urdu) پر کال کریں

(Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, may magagamit kang mga libreng serbisyo ng tulong sa wika. Tumawag sa 1-844-562-3978

(French) ATTENTION : Si vous parlez français, des services d'aide linguistique gratuits sont à votre disposition. Appelez le 1 844 537 0371

(Hindi) ध्यान दें: अगर आप हिन्दी बोलते हैं, तो आपके लिए भाषा सहायता सेवाएँ निःशुल्क उपलब्ध हैं। 1-844-552-3621 पर कॉल करें

(Farsi) توجه اگر به زبان فارسی صحبت می کنید، سرویس های دستیار زبان به صورت رایگان در دسترس شما هستند. با شماره 1-844-537-0372 تماس بگیرید

(German) HINWEIS: Wenn Sie Deutsch sprechen, stehen für Sie kostenlos Sprachassistentendienste zur Verfügung. Wählen Sie die Rufnummer 1-844-537-0370.

(Gujarati) ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો, તો તમને ભાષા સહાય માટે ની સેવાઓ નિશુલ્ક પણે ઉપલબ્ધ છે. કોલ કરો 1-844-552-3622

(Russian) ВНИМАНИЕ! Если Вы говорите по-русски, вы можете бесплатно воспользоваться услугами переводчика. Звоните по телефону 1-844-552-3617

(Laotian) 注記：日本語を話される場合、無料の言語支援サービスをご利用いただけます。1-844-552-3620 までお電話ください。

(Cantonese) 請注意：如果您說廣東話，可使用我們免費提供的語言協助服務。請致電 1-844-540-1775

(Mandarin) 注意：如果您说中文普通话，您可以免费获得语言协助服务。请拨打 1-844-552-3618