



[www.clearhealthalliance.com/member](http://www.clearhealthalliance.com/member)

Clear Health Alliance follows Federal civil rights laws. We don't discriminate against people because of their:

- Race
- Color
- National origin
- Age
- Disability
- Sex or gender identity

That means we won't exclude you or treat you differently because of these things.

### **Communicating with you is important**

For people with disabilities or who speak a language other than English, we offer these services at no cost to you:

- Qualified sign language interpreters
- Written materials in large print, audio, electronic and other formats
- Help from qualified interpreters in the language you speak
- Written materials in the language you speak

To get these services, call the Member Services number on your ID card. Or you can call our Grievance Coordinator at 1-877-372-7603, ext. 106-121-0301.

### **Your rights**

Do you feel you didn't get these services or we discriminated against you for reasons listed above? If so, you can file a grievance (complaint). File by mail, email, fax, or phone:

Grievance Coordinator	Phone: 1-877-372-7603, ext. 106-121-0301 (TTY 711)
Clear Health Alliance	Fax: 1-866-216-3482
4200 W. Cypress St., Suite 900	Email: <a href="mailto:flmedicaidgrievances@simplyhealthcareplans.com">flmedicaidgrievances@simplyhealthcareplans.com</a>
Tampa, FL 33607	

**Need help filing?** Call our Grievance Coordinator at the number above. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- **On the web:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- **By mail:** U.S. Department of Health and Human Services  
200 Independence Ave.  
SW Room 509F, HHH Building  
Washington, DC 20201
- **By phone:** 1-800-368-1019 (TTY/TDD 1-800-537-7697)

For a complaint form, visit [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).