Administrative Policy

Effective: 6/85	**Policy #: HMA-ADMIN-0021**
Revised: 2/88, 9/61, 10/94, 5/97, 7/00, 5/02, 3/04, 04/06	**Responsibility:** Administration
Reviewed: 5/09	**Approved:**
	Approved:
SUBJECT: NONDISCRIMINATION POLICY	

RACE, COLOR, NATIONAL ORIGIN, HANDICAP AND AGE

As a recipient of federal financial assistance, Toppenish Community Hospital does not exclude, deny benefits to, or other wise discriminate against any person on the ground of race, color, national origin, handicap or age in admission to, participation in, or receipt of the services and benefits of any of it's programs and activities or in the employment therein, whether carried out by Toppenish Community Hospital directly or through contractor or any other entity with whom Toppenish Community Hospital arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services issued pursuant to the Acts, Title 45 Code of Federal Regulations Parts 80, 84, and 91. (Other Federal Laws and Regulations provide similar protection against discrimination on the basis of sex and creed.)

In case of questions concerning this policy, or in the event of a desire to file a complaint alleging violations of the above, please contact the hospital administrator at 865-3105, Ext. 520.