

**Western NC Community Health Services, Inc.**  
**POLICY AND PROCEDURES**

**Title:** Patient Non-Discrimination

**Number:** P&P-NHSC

**Effective Date:** 1/4/2010

**Last Approval/Review Date:** 12/11/2014

**Goal**

- To ensure patients have access to services free of discrimination

**Policy**

Every patient of Western NC Community Health Services (WNCCHS) will receive all services offered by WNCCHS without regard to race, color, sex, national origin, disability, religion, age, sexual orientation, and gender identity.

**Implementing Procedures**

WNCCHS Enrollment Application form will not collect information on race, color, sex, national origin, disability, religion, sexual orientation, and gender identity. (The applicant's date of birth will be collected, but only for safe and correct patient identification purposes.)

All demographic data collected for reporting or patient care purposes that identify a patient's race, color, sex, national origin, disability, religion, age, sexual orientation, and gender identity will be used exclusively for reporting and patient care purposes—not for making decisions about access to services.

All WNCCHS employees will receive training on this policy during orientation. In addition, all employees will receive training on this policy as often as necessary, and at least once each year during the diversity training.

Patients who feel this policy has been violated can complain to the Director of Patient Assistance without fear of retaliation.

Every patient complaint of discrimination on the basis of race, color, sex, national origin, disability, religion, sexual orientation, and gender identity will be documented and evaluated. If an instance of discriminatory behavior is substantiated, appropriate corrective and disciplinary action will be undertaken.

## **Monitoring Procedures**

The Director of Human Resources (or his/her surrogate) will maintain written records of orientation and in-house training activities.

The Director of Patient Assistance will maintain documentation of all patient complaints about discrimination on the basis of race, color, sex, national origin, disability, religion, sexual orientation, and gender identity.

The CEO will keep the most recently dated and signed original copy of this policy and procedure in the permanent corporate files.

## **Approval/Review Authority**

The organizational Bylaws reserve the authority to approve/review this document to the Board of Directors.

  
James (Rodney) Lester, Board Secretary