

## NOTICE OF NONDISCRIMINATION

Albertson's LLC, New Albertson's, Inc., Safeway, Inc., and each of their subsidiary entities, including your pharmacy, (collectively known and hereinafter referred to as "Albertsons Companies") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Albertsons Companies does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Albertsons Companies provides free aids and services to people with disabilities, including qualified interpreters and information in alternate formats, to communicate effectively with our patients and their caregivers. Albertsons Companies also provides free language services to individuals whose primary language is not English through our Language Line service. If you need these services, please inform your pharmacist or contact the Ethics and Compliance Department as indicated below.

If you believe that Albertsons Companies 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: Albertsons Companies, Attn: Chief Compliance Officer, 250 Parkcenter Blvd., Boise, ID 83706, 877-276-9637 (toll free), 208-395-4656 (fax), [ethics.compliance@albertsons.com](mailto:ethics.compliance@albertsons.com). You can file a grievance in person or by mail, fax, or email. If you need assistance in filing a grievance, notify your pharmacist and a member of our compliance department will contact 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, 800-537-7697 (TDD)

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