

**Lakeside Mental Health  
Kati J. Klitzke, PsyD, LP  
2330 Troop Drive #101  
Sartell, MN 56377  
Ph: 320.640.2980 – Fax: 320.640.3029**

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## NOTICE OF NONDISCRIMINATION

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

This organization provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Language interpreters and information written in other languages for people whose primary language is not English

If you need these services, contact Kati J. Klitzke, PsyD, LP (Owner of Lakeside Mental Health).

If you believe our organization has failed to provide these services or discriminated in another way on the basis of race, color, national origin, disability, or sex, you can file a grievance with:

Kati J. Klitzke, PsyD, LP (Owner of Lakeside Mental Health)  
2330 Troop Drive, Suite #101  
Sartell, MN 56377  
Phone: (320) 640-2980; Fax: (320) 640-3029

You can file a grievance in person, by mail, or by fax. If you need help filing a grievance, Kati J. Klitzke, PsyD, LP (Owner of Lakeside Mental Health) is available to help you.

You can 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/smartscreen/main.jsf>
- By mail at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F HHH Building, Washington, D.C., 20201
- By phone at: 1-800-368-1019; 1-800-537-7697 (TDD)

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

ACKNOWLEDGMENT OF NOTICE OF NONDISCRIMINATION

By signing below, you acknowledge that you have received and reviewed the Notice of Nondiscrimination.

\_\_\_\_\_  
Name (PLEASE PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsible Party and/or Reason Unable to Sign

\_\_\_\_\_  
Date