

Insert Facility Logo Here

<b>Title: Accommodating Persons Who are Deaf or Hard-of-Hearing</b>
<b>Facility:</b>
<b>Date:</b>

## I. PURPOSE STATEMENT:

To develop a plan that accommodates individuals pursuant to Section 504 of the Rehabilitation Act of 1973, Section 1557 of the Patient Protection and Affordable Care Act (ACA 2010) and the Americans with Disabilities Act of 2008 which prohibits discrimination on the basis of disability in the offering or delivery of healthcare services. The regulation implementing the Acts requires that persons who are deaf or hard-of-hearing be provided with auxiliary aids at no cost to allow them an equal opportunity to participate in and benefit from healthcare services. The decision as to the method to be used for communication requires the input of any individual requiring auxiliary aids, and their choice must be given primary consideration.

**FACILITY** is committed to compliance with federal and state laws prohibiting discrimination on the basis of disability in the offering or delivery of healthcare services. **FACILITY** recognizes its legal obligation to ensure effective communication with persons with disabilities and makes every effort to pro-actively assess communication needs as well as providing the most compassionate care.

This policy requires development of a language access plan that accommodates individuals who are deaf or hard-of-hearing by providing free auxiliary aids in order to ensure equal opportunity to participate in and benefit from healthcare services.

## II. RESPONSIBLE PERSONS:

All **FACILITY** staff.

## III. DEFINITIONS:

- A. Auxiliary aid. Auxiliary aids may include video remote interpreting (VRI) or face-to-face sign-language interpreters, flash cards, communication boards, telephone amplifiers, amplified hearing devices, assisted listening devices, or a TDD/TTY.. Lip reading, note writing, and use of finger spelling or gestures may also aid communication but are **not** a replacement for interpreters.
- B. Effective communication. Communication sufficient to provide individuals that may be deaf or hard-of-hearing with substantially the same level of services received by individuals who are not deaf or hard-of-hearing.
- C. Interpretation. The act of listening to a communication in one language (source language) and orally converting it to another language (target language) while retaining the same meaning.
- D. Language Assistance Services. Oral and written language services needed to assist individuals who may be deaf or hard-of-hearing to communicate effectively with staff

and to provide persons who are deaf or hard-of-hearing meaningful access to and equal opportunity to, participate fully in the services, activities, or other programs.

- E. Meaningful Access. Language assistance that results in accurate, timely, and effective communication at no cost to the individual who may be deaf or hard-of-hearing. Meaningful access denotes access that is not significantly restricted, delayed or inferior as compared to programs or services provided to persons who are not deaf or hard-of-hearing.
- F. Qualified Interpreter. A qualified interpreter (or translator) is an interpreter who has had their specialized vocabulary (medical or legal terminology) proficiency assessed. A qualified interpreter is able to interpret effectively, accurately and impartially both receptively and expressively, using any necessary specialized vocabulary. No certification is needed to be a qualified interpreter and certified interpreters are not automatically qualified interpreters despite their training and certification. An interpreter's qualification is based on his/her ability to communicate effectively in a specific situation such as in a healthcare setting using complex medical terminology and processes.

#### IV. **POLICY STATEMENT:**

**FACILITY** will take appropriate steps to ensure persons with disabilities, including persons who may be deaf or hard-of-hearing, have an equal opportunity to participate in our services, activities and other benefits. The procedures outlined below are intended to ensure the effective communication with all individuals involving medical conditions, treatment, services and benefits. All necessary language assistance services shall be provided free of charge.

**FACILITY** staff will be provided notice of this policy and procedure. Staff that may have direct contact with individuals with disabilities will be trained in effective communication techniques. **FACILITY** staff will inform individuals who may be deaf or hard-of-hearing – including individuals seeking access to services at **FACILITY** and any family member or friend of such individual who is an appropriate person with whom **FACILITY** should communicate - of the availability, at no cost to them, of language services in order to effectively communicate.

#### V. **PROCEDURE:**

- A. Equity Compliance Coordinator  
The Equity Compliance Coordinator (ECC) (previously known as the 504 Coordinator/ADA Administrator) is responsible for the applicable aspects of Section 504 of the Rehabilitation Act of 1973 (28 U.S.C. 794), Section 1557 of the Patient Protection and Affordable Care Act (2010) and the Americans with Disabilities Act of 1990 (42 U.S.C. 12181) including changes made by the ADA Amendments Act of 2008 (P.L. 110-325).

The ECC is responsible for the coordination of the required accessibility training, including effective communication techniques for all staff members annually. They will conduct regular reviews of the language access needs of the patient population as well as the monitoring and updating of the implementation of this policy as needed.

- B. Identification and Assessment of Persons who may be Deaf or Hard-of-Hearing  
**FACILITY** will identify the language and communication needs of persons who may be deaf or hard-of-hearing as needed to ensure effective communication.

As soon as **FACILITY** becomes aware of such needs, staff will use the form, “**Services for Persons Who are Deaf or Hard-of-Hearing**” to inform such persons of services and determine what language assistance services may be needed.

If language services are declined by an individual who may be deaf or hard-of-hearing, staff will then use the “**Waiver of Language Assistance**” to not only document the refusal but also to serve as notice to the individual that they may still request a free qualified interpreter at any time.

The form(s), “**Services for Persons Who are Deaf or Hard-of-Hearing**” and/or the form, “**Waiver of Language Assistance**” will be included in the patient’s medical record.

- C. Providing Notice to Persons who May be Deaf or Hard-of-Hearing  
**FACILITY** shall inform persons who may be Deaf or Hard of Hearing of the availability of free qualified language assistance. A nondiscrimination statement will be posted at intake areas and other points of entry, including but not limited to the emergency room, admitting and outpatient areas.

**FACILITY** utilizes relay services for external telephone with TTY users. Calls are accepted through a relay service. The state relay service number is (*insert telephone number or your State relay number*).

- D. Obtaining a Qualified Interpreter

All staff are responsible for obtaining a qualified interpreter when needed to effectively communicate. **Any and all agencies under contract (or with other arrangements made) for professional language assistance are listed in SECTION VI; the POLICY IMPLEMENTATION section contained within this policy.**

1. If a person uses sign language, all medical and psychiatric evaluations or discussions regarding a patient’s symptoms, treatment (including individual and group psychotherapy), diagnosis, progress, and prognosis must be communicated through the use of a qualified sign language interpreter.
2. Examples of situations where an interpreter may be required (this list is not exhaustive):
  - a. Determining a patient’s history or description of ailment or injury;
  - b. Obtaining informed consent or permission for treatment;
  - c. Provision of patient’s rights;
  - d. Explanation of living wills or powers of attorney (or their availability);
  - e. Diagnosis or prognosis of ailments or injures;
  - f. Explanation of procedures, tests, treatment, treatment options or surgery;
  - g. Explaining the administration and side effects of medications, including side effects and food or drug interactions;
  - h. Discharge instructions or planning;
  - i. Explaining and discussing advance directives;

- j. Explaining blood donations or aphaeresis;
- k. Explaining follow-up treatment, test results, or recovery;
- l. Discussing billing and insurance issues; and
- m. During educational presentations, such as classes concerning birthing, nutrition, CPR, and weight management.

E. The Use of Family or Friends for Professional Language Services

1. Family members or friends will not be used for language assistance except:
  - a. in an emergency involving an imminent threat to the safety or welfare of an individual or the public where there is no interpreter available; or
  - b. where the individual in need of communication services specifically requests that the accompanying adult interpret or facilitate communication, the accompanying adult agrees to provide such assistance, and reliance on that adult for such assistance is appropriate under the circumstances.
2. Except in an emergency, family members or friends may be used for language assistance only after an offer of free qualified language assistance is offered and documented by the use of the form, “**Services for Persons Who are Deaf or Hard of Hearing.**”
3. A “**Waiver of Language Assistance**” will be used if any language services are provided by persons not procured by the Facility.
4. Minor children or other patients will not be used to interpret in order to ensure the confidentiality of information and effective communication.
5. **If a family member or friend is not competent or appropriate for any of the previous reasons then a qualified interpreter must be provided to ensure effective communication.**

F. Providing Written Translation

The ECC will coordinate the translation of vital documents into alternative formats as needed which shall be provided free of charge to persons who may be deaf or hard-of-hearing.

G. Monitoring Language Needs and Implementation

The ECC will assess changes in the demographics, types of services or other needs that may require modifications to the implementation of this policy. Regular assessment of the effectiveness of these procedures, equipment necessary for the delivery of qualified language services and the complaint process will be conducted.

VI. **POLICY IMPLEMENTATION:**

1. [Facility to insert **VENDOR USED FOR LANGUAGE ASSISTANCE SERVICES**]
2. [Facility to insert **VENDOR CONTACT INFORMATION** for language assistance services]
3. [Facility to insert **VENDOR HOURS AND AVAILABILITY** for language assistance services]
4. [Facility to insert **DETAILED PROCEDURE TO USE LANGUAGE ASSISTANCE SERVICES PROVIDED**]

**VII. COMPLAINT PROCESS:**

It is the policy of **FACILITY** not to discriminate on the basis of a person's disability. An internal grievance procedure has been adopted to provide for the prompt and equitable resolution of complaints alleging any action prohibited by Section 504 of the Rehabilitation Act of 1973 (28 U.S.C. 794), Section 1557 of the Patient Protection and Affordable Care Act (2010) and the Americans with Disabilities Act of 1990 (42 U.S.C. 12181) including changes made by the ADA Amendments Act of 2008 (P.L. 110-325).

Any person who believes he or she has been subjected to discrimination on the basis of his or her disability may file a grievance under this procedure [or under the regular **FACILITY** grievance policy]. It is against the law for **FACILITY** to retaliate against anyone who files a grievance or participates in the grievance process.

The ECC will make appropriate arrangements so that persons who may be deaf or hard-of-hearing are provided other accommodations if needed to participate in the grievance process.

The ECC shall conduct a thorough investigation providing an opportunity for all relevant evidence to be submitted as it relates to the alleged discriminatory act.

The filing of a complaint of discrimination based on a person's disability does not prevent the filing of a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office of 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, DC 20201  
1-800-368-1019, 800-537-7697 (TDD)

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

**VIII. DOCUMENTATION:**

Any and all contacts with interpreting agencies must be documented in patient records. The staff member will document in the medical record that assistance has been provided, offered or refused by the use of the form "**Services for Persons Who are Deaf or Hard of Hearing**" which is attached to this policy.

A "**Waiver of Language Assistance**" will be used if any language services are refused by an individual who may be deaf or hard-of-hearing.

**IX. RESOURCES:**

- [Language Services Providers](#) (approved by HealthTrust).
- Comprehensive Accreditation Manual for Hospitals, 2000.
- Rehabilitation Act of 1973, Section 504.

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- American Disabilities Act of 1990 (42 U.S.C. 12181), including changes made by the ADA Amendments Act of 2008 (P.L. 110-325).
- 28 CFR Part 36, revised as of July 1, 1994 entitled “Non Discrimination on the Basis of Disability by Public Accommodations and in Commercial Facilities”. ([http://www.ada.gov/regs2010/titleIII\\_2010/titleIII\\_2010\\_regulations.htm](http://www.ada.gov/regs2010/titleIII_2010/titleIII_2010_regulations.htm))
- Access to Services Policy, [ADA.001](#)

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Our staff wants to communicate effectively with you and your family members. Please select the language assistance you prefer to communicate with staff and doctors effectively. We will carefully address your request. **All of the services are FREE OF CHARGE to you.**

**Patient's Name**      **Name of Person w/ Languages Services Need** (if different than patient)      **Medical Record No.**

Self       Family Member       Friend       Other:

<b>Qualified American Sign Language (ASL) Interpreter</b> •If "No" is selected, please complete the Waiver of Language Assistance Below		YES	NO
<b>TTY with a Light Signaler (if available)</b>		YES	NO
<b>Amplified Telephone Receiver (if available)</b>		YES	NO
<b>Assistive Listening Device (if available)</b>		YES	NO
<b>Closed Caption TV</b>		YES	NO

The above list may not include all options. We are open to considering any suggestions you may have. Do you have suggestions on how we may better communicate with you? (Please explain below).

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature      Date      Time      a.m. p.m. (please circle)

A copy of our policy *Accommodating Persons Who are Deaf or Hard-of-Hearing* is available free of charge upon request. Please acknowledge if you have received a copy of this policy. \_\_\_\_\_ (Initials)

**WAIVER OF LANGUAGE ASSISTANCE (Refusing to Have a Medical Interpreter)**

We want to provide you with the best care possible including the use of a qualified medical interpreter who understands your primary (or preferred) language as well as complex medical terms. All qualified interpreters receive training to protect your privacy.

We want to make sure you understand the risks if an interpreter is used who is not qualified to interpret complex medical terminology.

If you choose a family member or friend to interpret for you, that person may not understand what the provider is communicating and may not know the correct medical translation. Information conveyed in an inaccurate manner can seriously affect your medical treatment.

I, \_\_\_\_\_, understand that I have a right to receive **FREE** language assistance in order to communicate with staff and doctors effectively. However, **I DO NOT WANT TO RECEIVE LANGUAGE SERVICES.**

\_\_\_\_\_  
Signature      Date      Time      a.m. p.m. (please circle)

**I understand that at any time I can change my mind about this request.**

A copy of our policy *Accommodating Persons Who are Deaf or Hard-of-Hearing* is available free of charge upon request. Please acknowledge if you have received a copy of this policy. \_\_\_\_\_ (Initials)

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### **Explanation of Document (for providers and staff)**

**FACILITY's** *Accommodating Persons who are Deaf or Hard of Hearing* policy requires that a qualified medical interpreter be provided free of charge to all individuals who may be Deaf or Hard of Hearing in order to ensure patient safety and effective communication..

Individuals who are deaf or hard-of-hearing have the right to refuse a qualified medical interpreter and request that a family (or friend) provide interpreting services. An offer of free qualified language assistance must be offered and documented in the medical record by the use of the form, *Notice of Services for Persons Who Are Deaf or Hard of Hearing*. The potential risks of using an interpreter that is not qualified must be explained to such individuals in the person's primary (or preferred) language by the use of the *Waiver of Language Assistance* which will be documented in the medical record.

Individuals who are deaf or hard-of-hearing must sign the *Waiver of Language Assistance* each and every time qualified language services are refused by such individuals and this *Waiver* must be included in the medical record.

Providers may request, at their discretion, that a qualified medical interpreter is used despite the signing of the *Waiver*.