
FACILITATING COMMUNICATION
Policy No. C:1-011.1**PURPOSE**

To assure that patients, visitors, and personnel with speech, vision, or hearing impairments, as well as those who have a limited command of the English language, have access to appropriate interpretive assistance and other aids at no cost to patient(s) being served. This is in compliance with Section 504 of the Rehabilitation Act of 1973, Title VI of the Civil Rights Act of 1964 and Section 1557 of the Affordable Care Act (ACA) of 2010.

POLICY

DMHHSS does not discriminate against any person because of language or sensory impediments. Personnel will treat all patients with respect and dignity and will use forms of communication appropriate to meet the patient's needs.

Written materials will be made available in the recognized major languages in the area and state where the organization does business. Written materials will contain the telephone number of the local TDD telephone relay number. Organization personnel will consistently and clearly communicate with patients in a language or form they can reasonably understand. The organization will facilitate communication by using special devices, interpreters or other communication aides.

Definitions

1. ***Hearing Impaired:*** A hearing impaired individual has difficulty hearing or discriminating verbal conversation either in a face to face situation or over the telephone. An individual with this impairment may require a hearing aid, telephone amplifier, TDD or sign language interpreter.
2. ***Communicatively Impaired:*** A communicatively impaired individual has expressive or receptive language deficits that may be present after an illness or injury. This may include individuals with voice disorders, laryngectomy, glossectomy or cognitive disorders.
3. ***Limited English Proficiency (LEP):*** A person with Limited English Proficiency is one whose command of the English language is not sufficient to promote meaningful interaction for service.
4. ***Telecommunication Device for the Deaf (TDD):*** A TDD is a small, typewriter-style instrument that allows a person to make or receive a telephone call directly without using another person to interpret.

PROCEDURE

- A. The initial assessment will determine the patient's communication ability. If there is any question regarding the patient's ability to communicate properly, the assessment should stop and an interpreter should be secured.
1. If the patient refuses offered communication assistance, the clinician will document the refusal in the patient's clinical record.
- B. All patient related forms, such as Consent for Services, Complaint/Grievance Process, etc., will be available in English, and other languages as appropriate. If there is a need to translate these forms to another language, an interpreter will be secured. (The patient will also sign an English language version in the event that the authorization needs to be forwarded to another organization.) For all other patients speaking languages other than English, DMHHSS will secure an interpreter to interpret all organization policies and procedures of DMHHSS relevant to the care of the patient. (See "[Organization List of Interpreters](#)" Addendum C:1-011.A for listing.)
- C. For visually impaired patients:
- A. The admitting clinician will read aloud all documents normally provided to the patient and ascertain that the person has heard and understands what was read. The admitting clinician documents this in the clinical/service record.
 - B. A clinician will make available large print patient information that may be available applicable to the disease process, i.e., colostomy, diabetic care, heart disease.
- D. For hearing impaired patients:
- A. The admitting clinician ascertains the patient's preferred methods of communication, i.e., paper and pencil, lip reading, or sign language.
 - B. If the preferred method is sign language, the admitting clinician will contact the resource providing a sign language interpreter and establishes a plan for ongoing communications. (See "[Organization List of Interpreters](#)" Addendum C:1-011.A for listing.)
 - C. Obtaining the use of a TDD:
 1. Hearing or communicatively impaired individuals who have access to a TDD instrument can call the Relay Service to enable them to communicate with personnel of the organization.
 2. In the event it becomes necessary for organization personnel to initiate telephone communication with an individual who is hearing or communicatively impaired, Relay Service can be utilized.

3. Direct Access to a TDD instrument will be available.

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- E. Local TDD number: State Relay dial 711
- F. For patients who have limited English proficiency (LEP) and require an interpreter:
- A. The organization will maintain a list of organization personnel who speak languages other than English. (See "[Organization List of Interpreters](#)" Addendum C:1-011.A to assign an interpreter to non-English speaking patients.)
 - B. If an interpreter in the required language is not available, a telephone interpreting service may be used. Directions for the use of this service can be accessed by calling that service.
 - C. Face-to-face interactions with the patient who is hearing or communicatively impaired, will be facilitated by utilizing sign language, as listed under "American Sign."
 - D. If a certified sign language interpreter is required, the resource list should be consulted. As much advance notice as possible is preferred.
 - E. Family members or friends of the patient will not be used as interpreters unless specifically requested by the individual and **after** the patient has understood that an offer of an interpreter at no charge has been made. Such an offer and response will be documented in the patient's record. If the patient chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided to the patient. Children will **not** be used to interpret, in order to ensure confidentiality of information and accurate communication.
 - F. Document all language assisted care in the patient's clinical record.
 - G. If applicable, a copy of the telephone utilization report from the interpreting service will be maintained to substantiate the use of the interpreting service.
- G. For communicatively impaired patients:
- A. Patients with speech, expressive or receptive language deficits should have a consult with a speech therapist to determine appropriate, effective use of assistive devices such as flash cards, communication board, etc.
 - B. Physician approval for the consultation will be obtained.

ADDENDUM C:1-011.A

ORGANIZATION LIST OF INTERPRETERS

(Include interpreters for sign language, verbal and/or sensory impaired, and non-English speaking patients.)

(Note: Include AT&T Language Line number, if utilized.)

Language Line Personal Interpreter Service: 1.888.808.9008

Enter 8 digit pin (see Administrator or Clinical Director)

Staff must notify Clinical Director and/or Administrator of need to use this service ASAP

Translated Sample Tagline for Language Assistance Services

Top 15 Non-English Languages Spoken in Pennsylvania

(Source: U.S. Census Data 2009-2013)

English: If you speak [insert language], language assistance services, free of charge, are available to you. Call 1-215-624-6038 (TTY: 1-800-654-5984).

1. **Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1- 215-624-6038 (TTY: 1-800-654-5984).
2. **Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-215-624-6038 (TTY: 1-800-654-5984).
3. **Pennsylvania Dutch:** Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannsch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: 1- 215-624-6038 (TTY: 1-800-654-5984).
4. **German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1- 215-624-6038 (TTY: 1-800-654-5984).
5. **Italian:** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1- 215-624-6038 (TTY: 1-800-654-5984).
6. **French:** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1- 215-624-6038 (TTY: 1-800-654-5984).
7. **Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1- 215-624-6038 (TTY: 1-800-654-5984).
8. **Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-215-624-6038 (телетайп: 1-800-654-5984).
9. **Arabic:** 1- 215-624-6038 استدعاء لك تتوفر، مجاناً، اللغوية المساعدة خدمات، [اللغة إدراج] تتحدث كنت إذا (TTY: 1-800-654-5984).
10. **Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1- 215-624-6038 (TTY: 1-800-654-5984). 번으로 전화해 주십시오.

11. **Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1- 215-624-6038 (TTY: 1-800-654-5984).
12. **Hindi:** यदि आप [सम्मिलित करें भाषा] बोलते, भाषा सहायता सेवाओं, नि: शुल्क, आप के लिए उपलब्ध हैं। कॉल करें 1- 215-624-6038 (TTY: 1-800-654-5984).
13. **Gujarati:** [Click here](#) or use the picture below (Microsoft Word may not support all Gujarati characters). 1- 215-624-6038 (TTY: 1-800-654-5984).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે.
ફોન કરો 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx).

14. **Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1- 215-624-6038 (TTY: 1-800-654-5984).
15. **French Creole:** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1- 215-624-6038 (TTY: 1-800-654-5984).

Visit the [Office of Civil Rights website](#) for more resources.