COMMUNICATION ACCESS

MEDICAL CLINIC INTERPRETER POLICY INFORMATION SHEET

This information sheet is intended as a general introduction to interpreter policies in medical clinics with scheduled appointments. This information does not constitute legal advice because each situation is different and the law is constantly subject to change. Consult an attorney for advice about your individual case. Prepared by the Minnesota Disability Law Center, March 2011.

Type of Facility: Clinic with Scheduled Appointments

In order to efficiently and effectively provide American Sign Language (ASL) interpreters for communications with deaf patients, a clinic should have a policy in place describing how the clinic will arrange for interpreters. Clinic staff should be thoroughly trained on the policy and how to implement it.

The Policy should cover the following points:

1. **COORDINATOR**: There should be one person (the coordinator) who is ultimately responsible for scheduling interpreters and resolving any questions or issues that arise concerning communicating with deaf people. The coordinator should be responsible for monitoring the appointments and other communications with deaf patients and companions.

2. **PATIENTS AND COMPANIONS**: The Policy should recognize that the clinic has an obligation to provide interpreters for deaf companions, as well as deaf patients. If the clinic would normally communicate with a companion (for example, when the companion is a parent, a spouse, a guardian, or the patient has given authorization to communicate with the companion), the clinic must provide an interpreter for the companion who is deaf.

3. **METHOD FOR COMMUNICATING**: The Policy must recognize that while ASL interpreters are the best method for ensuring effective communication with deaf people, not all deaf people know or use ASL. For example, people who become deaf late in life often do not know or use ASL. They may only be able to communicate using written

English. The clinic should ask the deaf patient or companion whether they want to use to an interpreter.

4. **CERTIFIED INTERPRETERS**: The clinic should only use qualified interpreters. Qualified interpreters are interpreters who are certified by a certification agency and who hold certain minimum certification levels. These are the qualification standards that are used by hospitals and other medical facilities in the Twin Cities area. Using only qualified interpreters helps ensure that communication with deaf people concerning medical issues is effective. The Policy should state that only interpreters who have the following minimum certification levels will be used:

    a. A valid Certificate of Interpretation (CI) and Certificate of Transliteration (CT) from the Registry of Interpreters for the Deaf (RID); or

    b. A Comprehensive Skills Certificate (CSC) from RID; or

    c. A valid NAD Level IV or V Certificate from the National Association for the Deaf (NAD); or

    d. One of the following valid National Interpreter Certification (NIC) certificates from the NAD-RID National Certification Council: NIC, NIC: Advanced or NIC: Master.

5. **CONTRACT WITH PROVIDER**: The clinic should have a contract with an Interpreter Service Provider that requires the provider to only provide interpreters who have the minimum certification levels.

6. **METHOD FOR PROVIDING INTERPRETER**: Interpreters may be provided either in-person at the clinic, or through a Video Remote Interpreter (VRI) service.

7. **CONTINUITY OF INTERPRETER**: It is a good practice to try to use the same interpreter for all communications with a deaf patient or companion. This ensures that the interpreter knows how the patient/companion communicates and what the medical treatment or medical issues are. It also ensures a high level of comfort with communication for the patient or companion.

8. **NON-SCHEDULED COMMUNICATION**: The clinic should have a plan in place for handling communication with deaf people in an emergency, or other non-scheduled situation. It should have an arrangement with an Interpreter Service Provider that guarantees an interpreter will be provided immediately in an emergency situation. The standard in the Twin Cities is that hospital emergency rooms and other clinics provide interpreters within 1 hour in most cases, and within 2 hours in all cases.

9. **TRAINING**

a. COORDINATOR: The clinic should train its coordinator concerning the requirements of federal and state law regarding the clinic's obligations to provide interpreters and other auxiliary aids and services.
b. STAFF: The clinic should train its staff concerning its policy, practices and protocols for providing ASL interpreters. This training should be part of the training given to all new employees and to all volunteers.

10. **NOTICE**: The clinic should post notices on its Website and in its office that ASL interpreters and other auxiliary aids are available without charge.

11. **COMMUNICATION IS TWO-WAY**: The clinic's policy and the training it provides to its staff and volunteers should stress that the clinic is not providing interpreters solely as an accommodation to the deaf patient or companion. It is providing interpreters to ensure that all communication between the deaf person and clinic staff is effective. The interpreter ensures that clinic staff can understand what the deaf person is communicating, as well as ensuring that the deaf person understands the clinic staff. Effective two-way communication helps ensure that clinic staff has all the information it needs to provide medical services, including full histories and full descriptions of the person's current medical condition. It also ensures that deaf patients fully and completely understand the nature of the medical treatment the clinic is providing.

12. **PEOPLE WHO SHOULD NOT BE USED AS INTERPRETERS**: The clinic's policy should clearly state that the clinic will not use family members, friends, or advocates as interpreters. This is because the ability of these people to accurately and completely interpret communication is likely to be adversely affected by their emotional involvement, their role as an advocate, confidentiality issues and other factors.