

67D

**CORRY MEMORIAL HOSPITAL**

**POLICY AND PROCEDURE**

EFFECTIVE DATE: \_\_\_\_\_

REVIEW DATE(S): \_\_\_\_\_

REVISION DATE(S): 5-17-12

APPROVED BY: MEC 5-22-12  
(Signatures of multidisciplinary personnel involved in policy and procedure development.)

**SUBJECT: Persons with Hearing Impairment Disabilities**

**PURPOSE:** The American with Disabilities Act (ADA) prohibits discrimination against individuals with disabilities in the provision of care.

**POLICY:** It is the policy of Corry Memorial Hospital to not discriminate against individuals with disabilities in the provision of care. This policy addresses hearing impairment.

**EQUIPMENT/SERVICES:** TDD; Written Materials; Qualified sign language interpreters

**PROCEDURE:**

1. Determine, in consultation with the patient, the appropriate auxiliary aide or service.
2. In some instances, such as when a conversation is particularly important relative to the care and services being provided, or is particularly complex, effective communication may only be ensured through the use of a qualified interpreter.
3. Qualified interpreters may include family members or friends, as long as they are effective, accurate, impartial (especially in personal or confidential situations), and an acceptable choice to the patient; personnel from the facility, or interpreters from interpreter services.
4. The health care professional can choose alternatives to interpreters as long as the result is effective communication. Alternatives to interpreters should be discussed with hearing impaired patients.
5. Acceptable alternatives may include: note taking; written materials, or if viable, lip reading.
6. Although the health care professional makes the final decision regarding use of an interpreter or other alternative, the patient's choice should be given primary consideration.
7. CMH is responsible for the cost of the interpreter and cannot impose a surcharge on the patient.
8. TDDs must be made available to hearing impaired patients in CMH for outgoing phone calls.

**CHARTING:** Auxiliary aids and services used should be properly documented in the medical record.

**GUIDELINES:** TDD is physically located in the Emergency Room.

**SPECIAL CONSIDERATIONS:** CMH is not required to provide an interpreter when it would present an undue burden (a significant expense or difficulty to the operation of the facility) or it would fundamentally alter the nature of the services normally provided.

**PERSONS PERMITTED TO PERFORM:** All Health Care Professionals

**English Translation:** Point to your language. An interpreter will be called. The interpreter is provided at no cost to you.

## American Sign Language



Point to your language. An interpreter will be called.  
The interpreter is provided at no cost to you.

## Arabic



اشر الى لغتك. وسيتم الاتصال بمترجم.  
نقدم خدمة المترجم مجاناً لك.

## Bengali



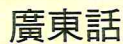
আপনার ভাষার দিকে নির্দেশ করুন। একজন দ্বাভাষীকে ডাকা হবে। দ্বাভাষী আপনি নিখরচায় পাবেন।

## Burmese



သင့်ဘာသာစကားကိုညွှန်ပြပါ။ စကားပြန်ခေါ်ပေးပါမယ်။ သင့်အတွက်စကားပြန်အခမဲ့ပေးပါမယ်။

## Cantonese



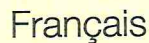
請指認您的語言，以便為您提供免費的口譯服務。

## Farsi



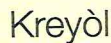
زبان مورد نظر خود را مشخص کنید. یک مترجم برای شما درخواست خواهد شد. مترجم بصورت رایگان در اختیار شما قرار می گیرد.

## French



Indiquez votre langue et nous appellerons un interprète. Le service est gratuit.

## Haitian Creole



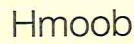
Lonje dwèt ou sou lang ou pale a epi n ap rele yon entèprèt pou ou. Nou ba ou sèvis entèprèt la gratis.

## Hindi



अपनी भाषा को इंगित करें। जिसके अनुसार आपके लिए दुभाषिया बुलाया जाएगा। आपके लिए दुभाषिया की निशुल्क व्यवस्था की जाती है।

## Hmong



Taw rau koj hom lus. Yuav hu rau ib tug neeg txhais lus. Yuav muaj neeg txhais lus yam uas koj tsis tau them dab tsi.

## Italian



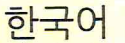
Indicare la propria lingua. Un interprete sarà chiamato. Il servizio è gratuito.

## Japanese



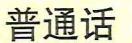
あなたの話す言語を指してください。無料で通訳サービスを提供します。

## Korean



귀하께서 사용하는 언어를 지정하시면 해당 언어 통역 서비스를 무료로 제공해 드립니다.

## Mandarin



請指認您的語言，以便為您提供免費的口譯服務。

## Nepali



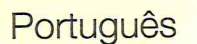
आफ्नो भाषातर्फ आँल्याउनुहोस्। एक दोभाषेलाई बोलाइनेछ। तपाईंको कुनै खर्च बिना, एकजना दोभाषे उपलब्ध गराइनेछ।

## Polish



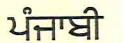
Proszę wskazać swój język i wezwiemy tłumacza. Usługa ta zapewniana jest bezpłatnie.

## Portuguese



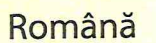
Indique o seu idioma. Um intérprete será chamado. A interpretação é fornecida sem qualquer custo para você.

## Punjabi



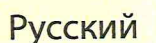
ਆਪਣੀ ਭਾਸ਼ਾ ਵੱਲ ਇਸ਼ਾਰਾ ਕਰੋ। ਜਿਸ ਮੁਤਾਬਕ ਇਕ ਦੁਭਾਸ਼ੀਆ ਬੁਲਾਇਆ ਜਾਵੇਗਾ। ਤੁਹਾਡੇ ਲਈ ਦੁਭਾਸ਼ੀਆ ਦਾ ਮੁਫਤ ਇੰਤਜ਼ਾਮ ਕੀਤਾ ਜਾਂਦਾ ਹੈ।

## Romanian



Indicați limba pe care o vorbiți. Vi se va face legătura cu un interpret care vă este asigurat gratuit.

## Russian



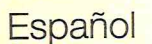
Укажите язык, на котором вы говорите. Вам вызовут переводчика. Услуги переводчика предоставляются бесплатно.

## Somali



Farta ku fiiqluqadaada... Waxa laguugu yeeri doonaa turjubaan. Turjubaanka wax lacagi kaaga bixi mayso.

## Spanish



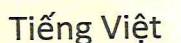
Señale su idioma y llamaremos a un intérprete. El servicio es gratuito.

## Tagalog



Ituro po ang inyong wika. Isang tagasalin ang ipagkakaloob nang libre sa inyo.

## Vietnamese



Hãy chỉ vào ngôn ngữ của quý vị. Một thông dịch viên sẽ được gọi đến, quý vị sẽ không phải trả tiền cho thông dịch viên.