



GWINNETT CLINIC

Notice of Privacy Practices
&
Access for Persons with
Limited English Proficiency



Gwinnett Clinic

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

CONTACT GWINNETT CLINIC PRIVACY OFFICER WITH ANY QUESTIONS OR CONCERNS.

Effective Date: **April 2003** Updated: **September 2013**

If you have any questions about this notice, please contact the Gwinnett Clinic Privacy Officer.

WHO WILL FOLLOW THIS NOTICE

This notice describes the practices of:

- Gwinnett Clinic.
- Any healthcare professional authorized to enter information into your medical record.
- All departments and units of the Gwinnett Clinic.
- All employees, staff and other Gwinnett Clinic personnel.
- All these persons and entities follow the terms of this notice. In addition, these persons and entities may share medical information with each other for treatment, payment, or operations purposes as described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at Gwinnett Clinic. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Gwinnett Clinic, whether made by Gwinnett Clinic personnel or your personal doctor.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.



We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

- **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you at Gwinnett Clinic. We also may disclose medical information about you to people outside Gwinnett Clinic who may be involved in your medical care after you leave Gwinnett Clinic, such as family members or others we use to provide services that are part of your care, such as therapists.
- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at Gwinnett Clinic may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about treatment you received at Gwinnett Clinic so your health plan will pay us or reimburse you for the treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We also may disclose information about you to another health care provider, such as a hospital, for their payment activities concerning you.
- **For Healthcare Operations.** We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run Gwinnett Clinic and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services Gwinnett Clinic should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other health care providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning the identities of specific patients. We also may disclose information about you for the health care operations of other providers for use in their health care operations.



- **Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services.** We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

- **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority. We may use and disclose to components of the Department of Veterans Affairs medical information about you to determine whether you are eligible for certain benefits.
- **Workers' Compensation.** We may release medical information about you for Workers' Compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:
 - To prevent or control disease, injury, or disability;
 - To report deaths;
 - To report reactions to medications or problems with products; to notify people of recalls of products they may be using;
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
 - To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.



- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
 - In response to a court order, warrant, summons, or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at Gwinnett Clinic; and
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.
- **Coroners, Medical Examiners, and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about deceased patients of Gwinnett Clinic to funeral directors as necessary to carry out their duties upon the request of the patient's family.
- **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or to conduct special investigations.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety



of others; (3) for the safety and security of the correctional institution; or (4) to obtain payment for services provided to you.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT

- **Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may release medical information about you to a friend or family member who is involved in your medical care. This would include persons named in any durable health care power of attorney or similar document provided to us. If you are not present or cannot agree or object, we will use our professional judgment to decide whether it is in your best interest to release relevant information to someone who is involved in your care.
- **Disaster Relief.** We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

- Uses and disclosures of Protected Health Information for marketing purposes; and
- Disclosures that constitute a sale of your Protected Health Information

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes and other mental health records under certain circumstances. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Gwinnett Clinic's Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.



We may deny your request to inspect and copy your medical information in certain very limited circumstances, such as when your physician determines that for medical reasons this is not advisable. If you are denied access to medical information, you may request that the denial be reviewed.

Another licensed healthcare professional chosen by Gwinnett Clinic will review your request and the denial. The person conducting the review will not be the person who denied your request. We will do what this person decides.

- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Gwinnett Clinic.

To request an amendment, your request must be made in writing and submitted to Gwinnett Clinic's Privacy Officer. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for Gwinnett Clinic;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of some of the disclosures we made of medical information about you that were not specifically authorized by you in advance.

To request this list or accounting of disclosures, you must submit your request in writing to Gwinnett Clinic's Privacy Officer. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example: on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to an Electronic Copy of Electronic Medical Records.** If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic



format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

- **Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limitation on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

To request a restriction, you must make your request, in writing, to Dr. Meena Shah, Gwinnett Clinic's Privacy Officer, 475 Philip Blvd, Suite 100, Lawrenceville GA 30046. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Out-of-Pocket-Payments. If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

- **Right to Confidential Communications.** You have the right to request to receive communications from us on a confidential basis by using alternative means for receipt of information or by receiving the information at alternative locations. For example, you can ask that we only contact you at work or by mail, or at another mailing address besides your home address. We must accommodate your request, if it is reasonable. You are not required to provide us with an explanation as to the reason for your request. Contact the Privacy Officer if you require such confidential communications.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, request a copy from Gwinnett Clinic's Privacy Officer in writing.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at Gwinnett Clinic. The notice will contain on the first page, in the top right-hand corner, the effective date.



COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Gwinnett Clinic or with the Secretary of the Department of Health and Human Services. To file a complaint with Gwinnett Clinic, contact Gwinnett Clinic's Privacy Officer Dr. Meena Shah, by telephone at (770) 995-3300 or by mail at 475 Philip Blvd, Suite 100, Lawrenceville GA 30046 for more information. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to you.



GWINNETT CLINIC

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| Title: Accommodating Persons with Limited English Proficiency (LEP) |
| Facility: Gwinnett Clinic |
| Date: August 2023 |

I. PURPOSE STATEMENT:

To develop effective guidelines, consistent with 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 Executive Order 13166 which requires persons with limited English proficiency (LEP) have “meaningful access” to healthcare services. Recipients of federal financial assistance are prohibited from discriminating based on a person’s primary (or preferred) language, among other things, failing to provide meaningful access to individuals with limited English proficiency (LEP). Federal fund recipients must also provide the translation of vital documents as part of their language assistance services when necessary to ensure the patient’s access to important written information. Failure to properly assess and subsequently provide a reasonable accommodation is punishable by fine to the provider. **Gwinnett Clinic** is committed to compliance with federal and state laws prohibiting discrimination on the basis of disability. **Gwinnett Clinic** 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 the development of a language access plan that accommodates persons with LEP in order to ensure them meaningful access to participate in and benefit from healthcare services.

II. RESPONSIBLE PERSONS:

All **Gwinnett Clinic** staff.

III. DEFINITIONS:

- A. Effective Communication. Communication sufficient to provide the individual with limited English proficiency with substantially the same level of services received by individuals who are not limited in English proficiency.
- B. 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.
- C. LEP is the acronym for both “limited English proficiency” and “limited English proficient.” The U.S. Census Bureau’s operational definition for LEP is a patient’s self-assessed ability to speak English less than “very well.” Individuals who do not speak English as the primary (or preferred) language and who have limited ability to read, write, speak, or understand English. Individuals with LEP may be competent in English for certain types of communication (like speaking) but still be with LEP for other purposes (like reading or writing).

- D. Language Assistance Services. Oral and written language services needed to assist individuals with LEP to communicate effectively with staff and to provide individuals with LEP meaningful access 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 with LEP. Meaningful access denotes access that is not significantly restricted, delayed or inferior as compared to programs or services provided to persons who are proficient in the English language.
- F. Primary Language. An individual's primary language is the language in which the individual most effectively communicates.
- G. Qualified Interpreter or Translator. A qualified interpreter (or translator) is an interpreter who has had their specialized vocabulary (medical or legal terminology) proficiency assessed.
- H. Translation. The replacement of written text from one language (source language) to an equivalent written text in another language (target language).
- I. Vital Documents. A document will be considered vital if it contains information that is critical for obtaining federal services and/or benefits, or is required by law.

IV. **POLICY STATEMENT:**

Gwinnett Clinic will take reasonable steps to ensure that persons with LEP have meaningful access and an equal opportunity to participate in services, activities, programs and any other benefits offered.

This policy also provides for the communication of information contained in vital documents. All necessary qualified language assistance shall be provided free of charge. Language assistance will be provided through the use of qualified interpreters with local organizations or contracted national vendors as well as video remote interpreting (VRI) and telephonic interpreting.

Gwinnett Clinic staff will be provided notice of this policy and procedure and will be trained on effective communication techniques. Staff will inform all individuals with LEP, of the availability, at no cost, of qualified language assistance.

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 Executive Order 13166.

The ECC is also responsible for the coordination of the required accessibility training, including effective communication techniques for all staff members annually. The Coordinator will oversee the required translation of vital documents and the postings of

notices of nondiscrimination and associated 'taglines' in various languages spoken in the local area.

The ECC 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 of Persons who may be LEP

Gwinnett Clinic will identify the language and communication needs of persons with LEP as needed to ensure effective communication. If necessary, staff may use a language identification card (or "I speak" cards – which are available at www.lep.gov) or posters to determine the preferred language of the patient (or person involved in healthcare decisions).

As soon as **Gwinnett Clinic** becomes aware of such needs, staff will use the form, "**Notice of Language Assistance Services**" to inform such persons of services and determine what language services may be needed.

If language services are declined by an individual with LEP, 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), "**Notice of Language Assistance Services**" and/or the form, "**Waiver of Language Assistance**" will be included in the patient's medical record.

C. Providing Notice to Persons with LEP

Gwinnett Clinic shall inform persons with LEP of the availability of qualified language assistance, free of charge, by providing written notice in the primary (or preferred) language of the individual with LEP. The **Taglines** will be posted in fifteen (15) languages spoken in the community served. At a minimum, notices and signs will be posted at intake areas and other points of entry, including but not limited to the emergency room, admitting and outpatient areas.

D. Obtaining a Qualified Interpreter

All staff are responsible for obtaining a qualified interpreter when needed to ensure effective communication. **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.**

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

- a. Family members or friends will not be used for language assistance except: 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, “**Notice of Language Assistance.**”
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 may be provided to ensure effective communication.**

F. Providing Written Translation

The ECC will coordinate the translation of **vital documents** into the appropriate frequently encountered languages as needed. The translation of other written materials, as well as the written notice of availability of translation services, shall be provided free of charge to persons with LEP.

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. **Propio One:** Application used for remote interpretation
2. **Deaf Interpreters Services:** Call to request an interpreter virtual or on-site [call 844-545-2946 or through <https://deaf-interpreter.com/> to request interpretation]
3. Both services are available 24/7
4. Log into Propio One on any electronic device and select which language is needed for interpretation. Propio One will connect with a remote interpreter that can be used to during clinical visit. Deaf interpreters Services can be contacted by calling 844-545-2946 to schedule a virtual interpreter or on-site interpreter with at least a 24-48 hour notice.

VII. COMPLAINT PROCESS:

It is the policy of **Gwinnett Clinic** not to discriminate on the basis of a person’s preferred or primary language. 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 1974 (29 U.S.C. 794), Section 1557 of the Patient Protection and Affordable Care Act or the U.S. Department of Health and Human Services regulations implementing the Acts.

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

The ECC will make appropriate arrangements so that persons with LEP 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.

Please contact Gwinnett Clinic Privacy Officer / Compliance officer, Dr. Shveta Raju with any issues regarding alleged discriminatory acts.

Contact Numbers: (770) 418 - 0818 / (770) 765 - 1101

Email: help@gwinnettclinic.com (not HIPAA secure)

Address: 10600 Medlock Bridge Rd
Duluth, GA 30097

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, "**Notice of Language Assistance Services**" which is attached to this policy.

A "**Waiver of Language Assistance**" will be used if any language services are refused by an individual with LEP.

IX. RESOURCES:

1. [Language Services Providers](#) (approved by HealthTrust).
2. Rehabilitation Act of 1973, Section 504 (29 U.S.C. 794).
3. 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)
4. Effective Communication Resources for Health Providers: <http://www.hhs.gov/civil-rights/for-individuals/special-topics/hospitals-effective-communication/limited-english-proficiency/index.html>
5. Language Access Assessment and Planning Tool for Federally Conducted and Federally Assisted Programs: Federal Coordination and Compliance Section of the Civil Rights Division of the U. S. Department of Justice.
6. Access to Services Policy, [ADA.001](#)

NOTICE OF LANGUAGE ASSISTANCE SERVICES

Our staff wants to communicate effectively with you and your family members. Please answer the questions below and return to a staff member in order for us to provide appropriate language services. **All of the services are FREE OF CHARGE to you.**

Patient's Name **Name of Person with aux. services need (if different than patient)** **Medical Record No.**

1. What is your primary (or preferred) language or the language in which you most effectively communicate?

2. Would language assistance services help us communicate more meaningfully with you? YES _____ NO

Do you have any suggestions on how we may communicate better with you? (Please explain)

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

A copy of our policy *Accommodating Persons with Limited English Proficiency (LEP)* is available free 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 or an interpreter that has NOT had their medical terminology proficiency assessed to interpret for you, that person may not understand what the provider is communicating and may not know the accurate medical translation. Information conveyed in an inaccurate manner may 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 with Limited English Proficiency (LEP)* is available free upon request.

Please acknowledge if you have received a copy of this policy. _____(Initials)

Place Patient Label Here