






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 Sign Language Interpreter</b> <input type="checkbox"/> Video Remote Interpretation (VRI) <input type="checkbox"/> In-person Interpretation		YES	NO
<b>TTY with a Light Signaler</b>		YES	NO
<b>Amplified Telephone Receiver</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)

If you do not wish to receive any language assistance services, please complete the waiver of Language Assistance below.

**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, and that the hospital may decide to make use of Language Assistance Services if needed to provide effective communication about my care. 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)

**[THIS PAGE INTENTIONALLY LEFT BLANK]**

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

Frankfort Regional Medical Center *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*.