THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER
AUXILIARY AIDS AND SERVICES FOR PATIENTS WITH DISABILITIES

POLICY:

The University of Oklahoma Health Sciences Center ("OUHSC") will take appropriate steps to ensure that patients and their companions with disabilities ("Patients"), including patients who are deaf, hard of hearing, blind, or who have other sensory or manual impairments, have an equal opportunity to participate in its services, activities, programs, and other benefits. The procedures outlined below are intended to ensure effective communication with Patients with regard to their medical conditions, treatment, services and benefits. The procedures also apply to, among other types of communication, communication of information contained in important documents, including waivers of rights, consent to treatment forms, and financial and insurance benefits forms.

All staff will be provided written notice of this policy.

DEFINITIONS:

Interpretation – The act of listening to something in one language (source language) and translating it orally or by sign into another language (target language).

Qualified Interpreter – An interpreter who, via a video remote interpreting (VRI) service or an on-site appearance, is able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Qualified Interpreters include, for example, sign language interpreters, oral transliterators, and cued-language transliterators and may include staff members.

Companion – A family member, friend, or associate of an individual seeking access to a service, program, or activity of a public entity, who, along with such individual, is an appropriate person with whom the public entity should communicate.

PROCEDURES:

1. IDENTIFICATION AND ASSESSMENT OF NEED

Patients needing auxiliary aids or services may self-identify to or be identified by clinic or program staff. OUHSC clinics and programs will provide notice of the availability of and procedure for requesting auxiliary aids and services in their policy handbooks and through notices displayed or made available in waiting areas. When an individual self-identifies as a person with a disability that affects the ability to communicate or to access or manipulate written materials or requests an auxiliary aid or service, staff will consult with the individual to determine what aids or services are necessary to provide effective communication in particular situations, giving primary consideration to the requests of individuals with disabilities when possible.
OUHSC will encourage Patients to request services prior to appointments. The Patient’s record should be marked to indicate disability status.

2. PROVISION OF AUXILIARY AIDS AND SERVICES

OUHSC clinics and programs shall provide auxiliary aids or services as determined necessary and appropriate by OUHSC to achieve effective communication with patients with disabilities.

A. For Patients Who Are Deaf or Hard of Hearing

(i) For Patients who are deaf/hard of hearing and who use sign language as their primary means of communication, the clinic or program is responsible for providing effective and accurate interpretation or arranging for a qualified interpreter when needed.

In the event that a Qualified Interpreter is needed, the clinic or program is responsible for:

(a) Maintaining an accurate and current list of on-staff and outside Qualified Interpreters including their names, phone numbers, qualifications and hours of availability; and

(b) Contacting the appropriate Qualified Interpreter on staff to interpret, if one is available; or

(c) Obtaining an outside Qualified Interpreter if a Qualified Interpreter on staff is not available.

(ii) Communicating by Telephone with Patients Who Are Deaf or Hard of Hearing

OUHSC clinics and programs will accept and make phone calls with text telephone users through appropriate relay services. The State relay service, Relay Oklahoma, may be reached by calling 711. OUHSC will utilize other aids and services where appropriate.

(iii) The clinic or program will be responsible for providing auxiliary aids and services in a timely manner, once it has notice of the need for such auxiliary aids and services.

(iv) Some patients who are deaf or hard of hearing may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the patient may not be used as interpreters unless specifically requested by that patient and after an offer of an interpreter at no charge to the patient has been made by the clinic. Such an offer and the response will be documented in the patient’s file. 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, as determined by clinic or program staff, effective and impartial Qualified Interpreter services will be provided.
NOTE: Minors and other non-staff or non-contract individuals will not be used to interpret, except in emergency situations, in order to ensure confidentiality of information and accurate communication.

B. For Patients Who are Blind or Who Have Low Vision

(i) Clinic or program staff will communicate information contained in written materials concerning treatment, benefits, services, waivers of rights, and consent to treatment forms through the provision of qualified readers, audio recordings, accessible technology, or other effective methods of making visually delivered materials available to patients who are blind or who have low vision.

(ii) The clinic or program will be responsible for providing auxiliary aids and services. In addition, clinic or program staff members are available to assist patients who are blind or who have low vision in filling out forms and in otherwise transferring information to a written format.

C. For Patients with Speech Impairments

To ensure effective communication with patients with speech impairments, the clinic or program is responsible for providing auxiliary aids and services as determined necessary and appropriate by OUHSC.

D. For Patients with Physical or Mobility Impairments

Clinic or program staff will assist patients who have difficulty in manipulating print materials by holding the materials and turning pages as needed, or by providing aids and services as determined necessary and appropriate by OUHSC.

3. PROVIDING NOTICE TO PATIENTS

Reasonable and necessary auxiliary aids and services shall be made available during the provision of or communication regarding treatment or services without cost to the patient being served. OUHSC clinics and programs will inform patients of the availability of auxiliary aids and services by displaying written notice patients will understand. Patients and their families will be informed that such assistance is available and is provided free of charge. Notification will also be provided on OUHSC’s websites and telephone voice mail menus, if available.

4. MONITORING NEEDS AND IMPLEMENTATION

On an ongoing basis, OUHSC clinics and programs will assess changes in demographics, types of services, or other needs that may require reevaluation of its procedures. In addition, OUHSC clinics and programs will regularly assess the effectiveness of these procedures, including but not limited to mechanisms for securing Qualified Interpreter services, equipment used for the delivery of language assistance, complaints filed by patients, and feedback from patients. The
clinic manager, program manager, or designated person will be responsible for compiling and assessing complaints and feedback regarding auxiliary aids and services to patients.

Each OUHSC clinic or program will conduct a regular review of the language access needs of its patient population and update its procedures, as necessary. This review shall be forwarded to clinic manager or his/her designee.