




POLICY ID# 2015-001
CLEARED BY: J. Cook
DATE: 2/4/15

STATE OF ALABAMA DEPARTMENT OF
PUBLIC HEALTH

Donald E. Williamson, MD
State Health Officer

MEMORANDUM

TO: Office, Division, and Branch Directors
Area and Local Health Officers
Area Administrators and Assistant Area Administrators

FROM: Donald E. Williamson, M.D. 
State Health Officer

DATE: February 2, 2015

SUBJECT: Title II Americans with Disabilities Act Effective Communication Policy
(Policy # 2015-001)

Attached is the Title II Americans with Disabilities Act Effective Communication Policy for the department. The purpose of this policy is to ensure that those with a vision, hearing, or speech disability can communicate with, receive information from, and convey information to the department. Effective communication is essential to quality patient care and patient safety. As necessary, the department must provide auxiliary aids and services when needed to communicate effectively with people who have communication disabilities. The goal is to ensure that written or spoken communications are as clear and understandable to people with disabilities as they are for people who do not have disabilities.

The policy must be circulated to **all employees**. Supervisors are responsible for ensuring that current and new employees read the policy. Documentation showing the policy was circulated must be kept at the work site for audit purposes.

DEW/JD
Attachment

The Alabama Department of Public Health
Title II Americans with Disabilities Act
Effective Communication Policy

Policy for Ensuring Effective Communications with Individuals with Disabilities

The purpose of this policy is to ensure that those with a vision, hearing, or speech disability can communicate with, receive information from, and convey information to the Alabama Department of Public Health (ADPH). Effective communication is essential to quality patient care and patient safety. As necessary, ADPH must provide auxiliary aids and services when needed to communicate effectively with people who have communication disabilities. The goal is to ensure that written or spoken communications are as clear and understandable to people with disabilities as they are for people who do not have disabilities.

It is the policy of ADPH to ensure effective communication with individuals with disabilities in our programs, services, and activities, consistent with the requirements of Title II of the Americans with Disabilities Act (ADA). To meet this obligation, ADPH will provide, free of charge, appropriate auxiliary aids and services where necessary to ensure effective communication with individuals with disabilities. The obligation extends to individuals who are deaf, hard of hearing, deaf-blind, blind, or have low-vision who are either patients of the health department, or a parent, spouse, or other companion of the patient.

The requirement to provide effective communication applies to ALL members of the public with disabilities, including: job applicants, program participants, people who contact the local health department seeking information about programs, services, or activities.

Communication occurs in different ways. Speaking, listening, reading, and writing are all common ways of communicating. A person with a communication disability may need an auxiliary aid or service for the communication to be effective. The type of aid or service necessary depends on the length and complexity of the communication as well as the format.

When deciding the aid or service needed to communicate effectively, consider the nature, length, complexity, and context of the communication and the person's normal method of communication. Medical appointments, meetings, training, and counseling sessions are examples of instances where more advanced aids and services are necessary.

Persons who are deaf, hard of hearing, or vision impaired will not be excluded, denied services, segregated, or otherwise treated differently than other individuals because of the need for auxiliary aids and services. ADPH will furnish appropriate auxiliary aids and services where necessary to ensure effective communication with individuals with disabilities. People with disabilities are not required to participate in separate programs even if separate programs specifically designed to meet the needs of people with disabilities are offered.

The Alabama Department of Public Health

Title II Americans with Disabilities Act

Effective Communication Policy

Below are examples of auxiliary aids and services. Remember, though, not all aids work for all people with disabilities or even for people with one type of disability. Staff must consult with the individual to determine what is effective for him or her.

1. What are appropriate auxiliary aids and services?

- **For people who are blind or have low vision:**
Appropriate auxiliary aids and services include, but are not limited to: providing a qualified reader; information in large print, Braille, or electronically for use with a computer screen-reading program; an audio recording of printed information; or an assistant to guide a person to find his or her way to an unfamiliar location or along an unfamiliar route. A “qualified” reader means someone who is able to read effectively, accurately, and impartially, using any necessary specialized vocabulary.
- **For people who are deaf, hard of hearing, or have speech impairments:**
Appropriate auxiliary aids include, but are not limited to: qualified oral/sign language interpreters, video remote interpreting (VRI), written notes, note takers, computer-assisted real-time transcription services, video text displays, amplified and hearing aid compatible telephones, assistive listening systems, open or closed captioning and caption decoders, teletypewriters (TTYs), computer terminals equipped for video communication, and other effective methods of making information or materials delivered using sound available to individuals who are deaf or hard of hearing.
- Effective communication is essential to quality patient care and patient safety. ADPH currently provides the following auxiliary aids/services when needed to communicate effectively with people who have communication disabilities: 711, services of the Alabama Institute for Deaf and Blind (AIDB), open captioning, closed captioning, real-time captioning, and closed caption decoders and devices; telephone handset amplifiers; hearing-aid compatible telephone; text telephones (TTYs); and qualified interpreters (e.g., social workers, nurses, etc.).
- For those persons with speech disabilities, staff should always listen attentively and not be afraid or embarrassed to ask the person to repeat a word or phrase they do not understand.

2. What does the term “qualified interpreter” mean?

The term “qualified interpreter” means an interpreter who, via an on-site appearance or a video remote interpreting (VRI) service, is able to interpret effectively, accurately, and impartially, both receptively and expressively, using any specialized terminology necessary for effective communication with an individual who is deaf or hard of hearing or who has a speech impairment. The term “qualified interpreter” includes, for example, sign language interpreters, oral translators, and cued-language translators or other interpreters who are able to interpret

The Alabama Department of Public Health

Title II Americans with Disabilities Act

Effective Communication Policy

competently, accurately, and impartially, both receptively and expressively, using any specialized terminology necessary for effective communication with an individual who is deaf or hard of hearing or who has a speech disability in consideration of that individual's language skills and education.

Not all interpreters are qualified for all situations. For example, an interpreter who is qualified to interpret using American Sign Language (ASL) is not necessarily qualified to interpret orally. Also, someone who has only a rudimentary familiarity with sign language or finger spelling is not a "qualified sign language interpreter." Likewise, someone who is fluent in sign language but who does not possess the ability to process spoken communication into the proper signs or to observe someone signing and translate their signed or finger-spelled communication into spoken words is not a qualified sign language interpreter. An interpreter who knows tactile interpreting may be the only interpreter who is qualified to interpret for someone who is both deaf and blind. Although an interpreter may be certified, a certified interpreter is not necessarily "qualified." Similarly, certification is not always required in order for an interpreter to be "qualified." Family members may not be qualified due to confidentiality concerns.

If a deaf client, deaf family member, or deaf caregiver is requesting assistance of any kind from ADPH, communication should be clear and concise. Patients who rely on any form of visual language should be provided an ASL interpreter to facilitate the exchange of information vital to their medical or personal care. Interpreters should also be secured for meetings, training, or any other activity open to the public.

3. When to call an interpreter?

ADPH will provide sign language interpreters, upon request, to any person needing interpreter services in order to participate in any meeting, program, or activity of the department. Requests should generally be made at least 10 working days in advance of the scheduled event or meeting, but reasonable efforts will be made to meet requests made on shorter notice. Requests should be made either verbally, by TTY, or in writing (including e-mails or texts) to a program director.

Upon receiving such a request, the county health department will contact AIDB at (256) 761-3370 to schedule the interpreter service.

If an interpreter cannot be obtained, department staff will offer the option of an alternative effective form of communication or the opportunity to postpone the meeting until such a time as an interpreter can be scheduled.

ADPH cannot ask or require friends or family members to interpret or provide other auxiliary aids or services for individuals who have disabilities. A family member or friend may not be qualified to render the necessary interpretation or other services due to factors such as professional or personal involvement or lack of knowledge or skill or confidentiality.

The Alabama Department of Public Health

Title II Americans with Disabilities Act

Effective Communication Policy

ADPH cannot require a person to bring someone to interpret for him or her. ADPH can rely on a companion to interpret in only two situations:

1. In an emergency involving an imminent threat to the safety or welfare of an individual or the public, an adult or minor child accompanying a person who uses sign language may be relied upon to interpret or facilitate communication only when a qualified interpreter is not available.
2. In situations not involving an imminent threat, an adult accompanying someone who uses sign language may be relied upon to interpret or facilitate communication when a) the individual requests this, b) the accompanying adult agrees, and c) reliance on the accompanying adult is appropriate under the circumstances. This exception does not apply to minor children.

Even under exception (2), county health departments may not rely on an accompanying adult to interpret when there is reason to doubt the person's impartiality or effectiveness. For example: it would be inappropriate to rely on a companion to interpret who feels conflicted about communicating bad news to the person or has a personal stake in the outcome of a situation.

4. Can ADPH charge an individual with a disability for the cost of providing an auxiliary aid or service needed for effective communication?

No. People with disabilities must not be asked to pay or be charged for the cost of an auxiliary aid or service needed for effective communication. ADPH may generally charge its standard per page fee for providing a person with a disability a copy of a document. However, the fee charged for a copy of a document provided in Braille or large print format may not exceed the charge ordinarily imposed for a standard print copy of the same document.

5. Are there specific procedures for requesting auxiliary aids and services?

Requests can be made by an individual with a disability who needs the auxiliary aids or services or by someone acting on that individual's behalf. Requests should be made at least 10 days in advance. Three week's notice is generally required for the preparation of Braille materials in order to better enable ADPH to address the communication needs of the individual. However, all requests for auxiliary aids and services will be addressed promptly and in accordance with ADA requirements. The person requesting the service will be notified as soon as possible if ADPH is unable to meet the request and an effective alternative will be offered.

The procedure for requesting alternative formats is:

1. The person making the request should identify the materials desired and specify his or her preferred alternative format to the program director or the ADA Coordinator either verbally or in writing (including e-mails and texts), 10 working days in advance

The Alabama Department of Public Health

Title II Americans with Disabilities Act

Effective Communication Policy

- of the event or activity for which the material is needed. Reasonable efforts will be made to meet requests made less than 10 days before an event or activity.
2. The materials will be provided in an effective alternative format at no charge.
 3. Primary consideration will be given to the format preferred by the person making the request, and the department will decide whether to provide the preferred format or an effective alternative format.
 4. If a request cannot be met, the person making the request will be informed as soon as possible, but, at least 2 days in advance of the event or activity.
 5. The State Health Officer will make the final decision regarding any request that may represent an undue financial or administrative burden.

6. What records will ADPH keep regarding auxiliary aids and services?

ADPH personnel will maintain records of requests for auxiliary aids and services and actions taken to address them. These records will include the date on which the request was made, the name of the individual making the request, the name of the individual for whom the auxiliary aids and services are sought, the auxiliary aid and services requested, the date on which a response to the request was provided, a description of the auxiliary aids and services provided, and the date on which the auxiliary aids and services were provided. When the requested auxiliary aids and services are not being provided, records must include a description of **any** auxiliary aids and services that were provided, the date they were provided, the date of and reasons for denying the requested auxiliary aids and services, and the name of the decision maker.

ADPH will not disclose information about an individual's disability or requests for auxiliary aids and services except to ADPH personnel who have a legitimate need to know this information. Such information may be disclosed pursuant to a valid court order.

Staff Training:

ADPH will provide training for new and existing staff about obligations to ensure effective communication with patients and/or companions who are deaf, hard of hearing, deaf-blind, low vision, blind, or who have speech impairments.

Record of Request for Auxiliary Aids or Services for Hearing, Speech, or Vision Impaired

Name of Individual Making Request:

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *City* *State* *ZIP Code*

Home Phone: _____ Alternate Phone: _____

Email _____

Name of Individual For Whom Services are Requested: **Check box if same as above**

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *City* *State* *ZIP Code*

Home Phone: _____ Alternate Phone: _____

Email _____

Auxiliary Aids or Services Requested: **Date of Request:** _____

Auxiliary Aids or Services Provided? Yes No **Date Response to Request Provided:** _____

Description of Auxiliary Aids or Services Provided: **Date Provided:** _____

If Auxiliary Aids or Services Not Provided, Reasons for Denial:

Approved: _____ **Local Representative** Approved: _____ **ADPH ADA Coordinator**

Description of Any Alternate Auxiliary Aids or Services Provided:

ADPH Staff Completing Form: _____
Name *Area/HD/Bureau Location* *Phone*

Signature: _____ Date: _____