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<b>Title: Accommodating Persons Who are Blind or Have Low Vision</b>
<b>Facility:</b>
<b>Date:</b>

**I. PURPOSE STATEMENT:**

To develop a plan that accommodates individuals pursuant to Section 504 of the Rehabilitation Act of 1973, Section 1557 of the Patient Protection and Affordable Care Act (2010) and the Americans with Disabilities Act of 2008 which prohibits discrimination on the basis of disability in the delivery of healthcare services. The regulations implementing the Acts require that people who are blind or have low vision be provided with auxiliary aids at no cost to allow them an equal opportunity to participate in and benefit from healthcare services. The decision as to the method to be used for communication requires the input of any individual requiring auxiliary aids, and their choice must be given primary consideration.

**FACILITY** is committed to compliance with federal and state laws prohibiting discrimination on the basis of disability in the offering or delivery of healthcare services. **FACILITY** 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 development of a plan that accommodates individuals who are blind or have low vision by providing auxiliary aids at no cost to allow them an equal opportunity to participate in and benefit from healthcare services.

**II. RESPONSIBLE PERSONS:**

All **FACILITY** staff.

**III. DEFINITIONS:**

- Auxiliary aid. The term auxiliary aids refers to those auxiliary aids necessary to ensure effective communication with persons with disabilities and providers so that persons with language needs are not excluded, denied services, segregated, or otherwise treated differently than other persons because of the absence of auxiliary aids.
- Effective communication. Communication sufficient to provide individuals that may be blind or have low vision with substantially the same level of services received by individuals who are not blind or have low vision.
- Language Assistance Services. Oral and written language services needed to assist individuals who may be blind or have low vision to communicate effectively with staff and to provide such persons meaningful access to and equal opportunity to, participate fully in the services, activities, or other programs.

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- Low Vision. Even with eyeglasses, contact lenses, medicine or surgery, a person does not see well.
- Meaningful Access. Language assistance that results in accurate, timely, and effective communication at no cost to the individual who may be blind or have low vision. Meaningful access denotes access that is not significantly restricted, delayed or inferior as compared to programs or services provided to persons who are not blind or have low vision.
- Qualified Reader. A qualified reader is a person who is able to read effectively, accurately, and impartially using any necessary specialized vocabulary.

#### IV. **POLICY STATEMENT:**

**FACILITY** will take appropriate steps to ensure persons with disabilities, including persons who may be blind or have low vision, have an equal opportunity to participate in our services, activities and other benefits. The procedures outlined below are intended to ensure effective communication with patient involving medical conditions, treatment, services, and benefits. All necessary auxiliary aids and services shall be provided free of charge.

**FACILITY** staff will be provided notice of this policy and procedure, and staff that may have direct contact with individuals with disabilities will be trained in effective communication techniques. **FACILITY** staff will inform all individuals who are blind or have low vision – including individuals seeking access to services at **FACILITY** and any family member or friend of such individual who is an appropriate person with whom **FACILITY** should communicate of the availability, at no cost to them, of auxiliary aids.

#### 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 the Americans with Disabilities Act of 1990 (42 U.S.C. 12181) including changes made by the ADA Amendments Act of 2008 (P.L. 110-325).

The ECC is responsible for the coordination of the required accessibility training, including effective communication techniques for all staff members annually. They 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 and Assessment of Need of Persons who may be Blind or have Low Vision

**FACILITY** will identify the language and communication needs of persons who may be blind or have low vision as needed to ensure effective communication.

As soon as **FACILITY** becomes aware of such needs, staff will use the form, “**Notice of Auxiliary Aids for Persons who may be Blind or have Low Vision**” to inform

such persons of services and determine what auxiliary aids may be needed to effectively communicate.

If language services are declined by an individual who may be blind or have low vision, staff will then use the **“Waiver of Auxiliary Aids”** to not only document the refusal, but also to serve as notice to the individual that they may still request free auxiliary aids at any time.

The form(s), **“Notice of Auxiliary Aids for Persons who may be Blind or have Low Vision”** and/or the **“Waiver of Auxiliary Aids”** will be included in the patient’s medical record.

C. Providing Notice to Persons who May be Blind or have Low Vision

**FACILITY** shall inform persons that may be blind or have low vision of the availability of qualified language assistance, free of charge. A nondiscrimination statement will be posted at intake areas and other points of entry, including but not limited to the emergency room, outpatient areas, etc.

D. Obtaining Auxiliary Aids

All staff are responsible for obtaining auxiliary aids needed for effective communication. **Any and all agencies under contract (or with other arrangements made) for auxiliary aids are listed in SECTION VI; the POLICY IMPLEMENTATION section contained within this policy.**

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

Family members or friends will not be used for language assistance unless specifically requested by the patient and only after an offer of free qualified auxiliary aids is offered and documented by the use of the form, **“Notice of Auxiliary Aids for Persons who are Blind or have Low Vision.”**

Persons that request (or prefer) the use of a family member or friend for qualified readers or other language assistance must take into consideration issues of competency, confidentiality, privacy and conflicts of interest. A **“Waiver of Auxiliary Aids”** will be used if any language services or auxiliary aids are provided by persons not procured specifically by the Facility.

Minor children or other patients will not be used to interpret in order to ensure the confidentiality of information and effective communication.

**If a family member or friend is not competent or appropriate for any of the previous reasons then auxiliary aids must be provided to ensure effective communication.**

F. Providing Written Translation

The ECC will coordinate the translation of vital documents into alternative formats as needed which shall be provided free of charge to persons who may be blind or have low vision.

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

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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. [Facility to insert **VENDOR USED FOR AUXILAIRY AIDS**]
2. [Facility to insert **VENDOR CONTACT INFORMATION** for auxiliary aids]
3. [Facility to insert **VENDOR HOURS AND AVAILABILITY** for auxiliary aids]
4. [Facility to insert **DETAILED PROCEDURE TO USE AUXILIARY AIDS PROVIDED**]

## VII. COMPLAINT PROCESS:

It is the policy of **FACILITY** not to discriminate on the basis of a person's disability in the offering or delivery of healthcare services. 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 1973 (28 U.S.C. 794), Section 1557 of the Patient Protection and Affordable Care Act (2010) and the Americans with Disabilities Act of 1990 (42 U.S.C. 12181) including changes made by the ADA Amendments Act of 2008 (P.L. 110-325).

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

The ECC will make appropriate arrangements so that persons who may be Blind or have low vision 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.

The filing of a complaint of discrimination based on a person's disability does not prevent the filing of a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office of Civil Rights Complaint Portal, available at:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>

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## VIII. DOCUMENTATION:

Any and all contacts with auxiliary aid 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 Auxiliary Aids for Persons who may be Blind or have Low Vision**" which is attached to this policy.

A "**Waiver of Auxiliary Aids**" will be used if any language services are refused by an individual who may be blind or have low vision.

## IX. RESOURCES:

- [Language Services Providers](#) (approved by HealthTrust).
- Comprehensive Accreditation Manual for Hospitals, 2000.
- Rehabilitation Act of 1973, Section 504.
- American Disabilities Act of 1990 (42 U.S.C. 12181), including changes made by the ADA Amendments Act of 2008 (P.L. 110-325).
- 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](http://www.ada.gov/regs2010/titleIII_2010/titleIII_2010_regulations.htm))
- Access to Services Policy, [ADA.001](#)

**NOTICE OF AUXILIARY AIDS FOR PERSONS WHO ARE BLIND OR HAVE LOW VISION**

Our staff wants to communicate effectively with you and your family members. Staff will communicate information contained in written materials concerning treatment, benefits, services, waivers of rights, and consent to treatment forms by reading out-loud these forms to persons who are blind or who have low vision in a private area in order to respect your privacy. Please answer the questions below and return it or communicate your responses to a staff member in order for us to provide appropriate auxiliary service assistance. 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. \_\_\_\_\_  
 SELF     FAMILY MEMBER     FRIEND     OTHER: \_\_\_\_\_

If you check YES, we will provide FREE to you any of the following services that are available.

- QUALIFIED READER YES \_\_\_\_\_ NO \_\_\_\_\_
- ASSISTANCE IN FILLING OUT FORMS YES \_\_\_\_\_ NO \_\_\_\_\_
- WRITTEN MATERIAL REFORMATTED INTO LARGE PRINT (if available) YES \_\_\_\_\_ NO \_\_\_\_\_
- SECONDARY AUDITORY PROGRAMS (SAP) (if available) 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 Blind or Have Low Vision* is available free of charge upon request.

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

**WAIVER OF AUXILIARY AIDS (Refusing to Have Language Assistance)**

We want to provide you with the best care possible including the use of auxiliary aids to effectively communicate complex medical terms and to ensure that you understand the risks if auxiliary aids are not used.

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 auxiliary aids in order to communicate with staff and doctors effectively. However, I DO NOT WANT TO RECEIVE AUXILIARY AIDS.

\_\_\_\_\_  
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 Blind or Have Low Vision* is available free upon request.

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



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

**FACILITY's** *Accommodating Persons who are Blind or have Low Vision* policy requires that auxiliary aids be provided free of charge to all individuals who may be blind or have low vision in order to ensure patient safety and effective communication.

Individuals who are blind or have low vision have the right to refuse auxiliary aids and request that a family member (or friend) provide language services. An offer of free auxiliary aids must be offered and documented in the medical record by the use of the *Notice of Language Assistance Services for Persons Who are Blind and have Low Vision*. The potential risks of not using auxiliary aids must be explained to such individuals by the use of the *Waiver of Auxiliary Aids* which will be documented in the medical record.

Individuals who are blind or have low vision must sign the *Waiver of Auxiliary Aids* each and every time qualified language services are refused by such individuals and this *Waiver* must be saved to the medical record.

Providers may request, at their discretion, that a qualified medical interpreter is used despite the signing of the *Waiver*.