PURPOSE:

To identify and provide Auxiliary Aids and Services to meet the communication needs of patients and visitors with disabilities. This policy provides guidance to assure Mass Eye and Ear (MEE) compliance with the relevant and applicable standards set forth in Title III of the Americans with Disabilities Act, 42 U.S.C. 12181, et seq., and/or Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 701, et seq., Mass. General Laws chapter 272, section 92A, 98, and the applicable regulations.

DEFINITIONS:

- **Auxiliary Aids and Services**: devices or services that enable effective communication for people with disabilities. Auxiliary aids and services are used to make written or spoken communication as clear and understandable for people with disabilities as they are for people without disabilities.

- **Alternative Formats**: include Braille, large print, audio, and electronic formats.

POLICY STATEMENT:

It is the policy of MEE to provide communication assistance, Auxiliary Aids and Services, and Alternative Formats for print materials, where necessary for effective communication between MEE and employees, health care providers, and persons with disabilities, particularly those who are deaf, hard-of-hearing, blind or visually, cognitively or speech impaired. This includes communications concerning patient care, privacy rights, confidential information and health education. Based on the type of communication and the preference and need of the person receiving the communication, MEE will identify the format, aid or service that will be the most effective communication with the patient or visitor. MEE will not impose any fees on the patient or visitor with a disability for providing the auxiliary aid or service.

PROCEDURES:

1. MEE will be responsible for identifying Auxiliary Aids or Services or Alternative Formats that will provide effective communication of the particular information to the patient or
prior to the visit when possible, staff should consult with the patient or visitor about his or her need for communication assistance and the kinds of Auxiliary Aids and Services, including alternative communication methods, or Alternative Formats, that will provide effective communication, and as appropriate, document in the patient’s medical record the preferred Alternative Format. Although it will accommodate the preferred method whenever possible, MEE is not required to provide the Auxiliary Aid or Service the individual prefers if there is another method that results in effective communication.

2. Patients or visitors may request Auxiliary Aids and Services or Alternative Formats by contacting: Interpreter Services Office
243 Charles Street
Boston, MA 02114
Email: InterpreterServicesOffice@MEEI.HARVARD.EDU
Phone: 617-573-4009

3. Depending on the type of information and the preferred format selected, MEE will deliver the requested information by email, US mail, telephone or compact disc.

4. The following formats are considered Auxiliary Aids or Alternative Formats:
   a. For visually impaired or blind patient or visitor:
      i. Audio format:
         1. Automated phone reading system should be used for information that does not contain protected health information (PHI) and can be provided on a patient’s or visitor’s phone or similar device.
         2. When requested by a patient, MEE may provide information containing PHI in an audio format either by reading the information into a patient’s personal recording device or as an MP3 recording.
      ii. Braille format: should satisfy the Braille Authority of North America’s standard (BANA Standards) for printing and binding. Each document should contain all of the text and other content that is contained in the standard print version of the same document that is made available to the public. Non-text content that is used for visual formatting only need not be included.
      iii. Electronic format: should satisfy WCAG 2.0 Conformance Level AA Success Criteria and be able to be opened in a commonly used software program, such as Microsoft Word or Adobe Reader or Acrobat, and read using text to speech and magnification adaptive technology, including but not limited to JAWS, NVDA, Voice Over and ZoomText.
      iv. Large Print format: should be a sans serif font of at least 18 point and should include all of the information contained in the standard print version of the same document.
   b. For deaf or hard of hearing patient or visitor:
      i. Written forms or information sheets.
      ii. Video interpreting:
         1. ASL – American Sign Language
2. Video Interpreting or TDD will be made available to any deaf patient who walks into the hospital or is admitted for inpatient services during his/her hospitalization. Even without advance notice, MEE is able to provide Video Interpreting. This can be arranged through the Interpreter Services Office. A public TDD is also available at the information desk.

iii. Relay Services:
1. To use a relay service Dial 711 in Massachusetts or 1-800-439-0183 from anywhere.
2. TTY users should dial 1-800-439-2370

iv. On-site interpreter shall be provided when requested by the patient in advance of the medical appointment. These services are made available through the Massachusetts Commission for the Deaf and Hard of Hearing and are subject to the availability of the interpreter/CART:
1. ASL* - American Sign Language: shall be provided when requested by the patient in advance of the medical appointment subject to availability
2. ASL & CDI* – Certified Deaf Interpreter - shall be provided when requested by the patient in advance of the medical appointment subject to availability
3. Tactile* - shall be provided when requested by the patient in advance of the medical appointment subject to availability
4. Computer-aided transcription services (CART) shall be provided when requested by the patient in advance of the medical appointment.
5. Deaf patients being treated in the Emergency Department may request an interpreter by submitting a formal request to Interpreter Services. After hours, requests must be placed with the staff at the main lobby information desk who can access the emergency contact information of the Massachusetts Commission for the Deaf and Hard of Hearing.

5. Alternative Formats will be made available within a reasonable time frame to ensure effective communication.

6. Use of family members or companions as interpreters is discouraged except in medical emergencies where there is an imminent threat to health or safety and no interpreter is available. Patients may request the assistance of a family member and give permission to the health care team to share information with that individual. In this instance, staff should record the patient’s permission in the patient’s record and the patient should be asked to sign a Refusal of Interpreter Services form.
1. For more information, contact:

Amy Sands – Manager, Interpreter Services Office
243 Charles Street
Boston, MA 02114
RELATED POLICIES:

REFERENCES:

DEVELOPMENT AND CONSULTATION:

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