I. Policy Summary
UCR Health will take reasonable steps to ensure that persons with Limited English Proficiency (LEP), or other language barriers such as hearing impairments, have meaningful communication with their healthcare provider regarding their medical conditions and treatments. The policy also provides for communication of information contained in vital documents, including but not limited to, Terms and Conditions, Consent to Treatment forms, financial and insurance benefit forms, etc. All interpreters, translators and other aids needed to comply with this policy shall be provided without cost to the person being served, and patients/clients and their families will be informed of the availability of such assistance, free of charge.

II. Definitions
Not Applicable

III. Policy Text
Language assistance will be provided through the use of interpreters, or formal arrangements with telephonic interpretation services (CYRACOM). All staff will be provided notice of this policy and procedure. UCR Health will conduct a regular review of the language access needs of its patient population, and will update and monitor the implementation of this policy and these procedures, as necessary.

IV. Responsibility
UCR Health practice location staff

V. Procedures
A. IDENTIFYING PERSONS WITH LANGUAGE LIMITATIONS
   1. Hearing Impaired Individuals
      A contracted vendor, Lifesigns, is available to provide sign language interpretation services for hearing impaired individuals. In order to obtain sign language interpretation for any clinic patient, the attached form (Attachment A) should be completed and sent to Lifesigns. Any physician can sign as authorizing the request. The form can be faxed to Lifesigns at 888-227-5021. Completed request forms can also be emailed (using only secured, encrypted email) to Lifesigns at lifesigns@lifesignssssssinc.org.
2. Limited English Proficiency
UCR Health staff will promptly identify the language and communication needs of the LEP person. If necessary, staff will use a language identification card (or “I speak cards,” available online at https://www.lep.gov/ISpeakCards2004.pdf, Attachment A) to determine the language. In addition, when records are kept of past interactions with patients or family members, the language used to communicate with the LEP person will be included as part of the record.

B. OBTAINING A QUALIFIED Interpreter
Utilize the CYRACOM cordless blue phone to access and interpreter (Attachment C Cordless Blue Phone Dialing Instructions)

To use any phone to access an interpreter please follow instructions on Attachment D.

Some LEP persons may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the LEP person will not be used as interpreters unless specifically requested by that individual and after the LEP person has understood that an offer of an interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented in the person’s file. If the LEP person 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, competent interpreter services will be provided to the LEP person. UCR staff may use discretion to determine competency.

Minors and other patients will not be used to interpret, in order to ensure confidentiality of information and accurate communication.

C. MONITORING LANGUAGE NEEDS
On an ongoing basis, UCR Health will assess changes in demographics, types of services or other needs that may require reevaluation of this policy and its procedures. In addition, UCR Health will regularly assess the efficacy of these procedures, including but not limited to mechanisms for securing interpreter services, equipment used for the delivery of language assistance, complaints filed by LEP persons, feedback from patients and staff.

VI. Forms/Attachments
Attachment A: Lifesigns Request Form
Attachment B: I Speak Cards
Attachment C: Cordless Blue Phone Dialing Instructions
Attachment D: Accessing an Interpreter from any phone

VII. Related Information
Not applicable
VIII. Revision History

Not applicable

Approval(s):

PRESENTED TO COMPLIANCE COMMITTEE (10/25/2016)
APPROVED BY CHAIR (6/16/2017)
Interpreter Service Request

(medical)

<table>
<thead>
<tr>
<th>Date Needed:</th>
<th>Start Time: AM/PM</th>
<th>End Time: AM/PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Person Making Request (first &amp; last name):</td>
<td>Phone #:</td>
<td></td>
</tr>
<tr>
<td>Name of Organization Making Request:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Location/Building:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street:</td>
<td>City &amp; Zip:</td>
<td></td>
</tr>
<tr>
<td>E-Mail address (REQUIRED):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of On-site Contact:</td>
<td>DIRECTPhone/cell#:</td>
<td></td>
</tr>
<tr>
<td>(Receptionist, Front Desk, Point of Contact):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ASSIGNMENT INFORMATION**

<table>
<thead>
<tr>
<th>Deaf Person (first &amp; last name):</th>
<th>ID#: (Medical Record #: Date of Birth, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Medical Appointment:</td>
<td>Gynecology, Dental, Post-Op, Pediatric, etc.</td>
</tr>
<tr>
<td>Is this a Medical appointment?</td>
<td>Yes ☐ No ☐ If yes: Claim #:</td>
</tr>
<tr>
<td>Dept. Name and #:</td>
<td>Floor/Suite #:</td>
</tr>
<tr>
<td>Physician's Name:</td>
<td></td>
</tr>
</tbody>
</table>

**SPECIAL INSTRUCTIONS**

(Specific interpreter name, male or female preference, parking instructions, dress code, etc.)

**BILLING INFORMATION**

(If billing to a different medical provider you must attach the authorization with your request!!)

University of CA Riv Sch of Med

Authorized by ________________________

**POLICY ON CHANGES AND CANCELLATIONS**

ALL CHANGES/CANCELLATIONS MUST BE RECEIVED VIA FAX OR EMAIL ONLY. Using original faxed request write CANCELLED or note the change diagonally across page and FAX IMMEDIATELY to (888) 227-5021 or email lifesigns@lifesignsinc.org. To prevent or affect billing, you must cancel/change the appointment at least 24 hours (for appointments lasting 2 hours or less), and 48 hours for appointments lasting longer than 2 hours. Cancellations/changes must be made during business hours (Monday-Friday 8:30am-5pm). Weekends and holidays are not considered as business days. Agency will bill for cancellations/changes made after the specified time period. EMERGENCY RATES APPLY TO ALL SERVICES REQUESTED 72 HOURS (3 DAYS) OR LESS FROM DATE NEEDED.
☐ Assinale este quadrado se você lê ou fala português.
26. Portuguese

☐ Însemnați această casetă dacă citiți sau vorbiți română.
27. Romanian

☐ Пометьте этот квадратик, если вы читаете или говорите по-русски.
28. Russian

☐ Обележите овај квадратић уколико читајте или говорите српски језик.
29. Serbian

☐ Označte tento štvorcik, ak viete čítať alebo hovoríte po slovensky.
30. Slovak

☐ Marque esta casilla si lee o habla español.
31. Spanish

☐ Markahin itong kwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog.
32. Tagalog

☐ ให้การเรียนรู้ภาษาไทย:
33. Thai

☐ Maaka ihe pulaa ni kapau’oku ke lau pe lea fakatonga.
34. Tongan

☐ Відмітайте цю клітинку, якщо ви читаєте або говорите українською мовою.
35. Ukrainian

☐ آپ کو اوردی میں پڑھتے ہیں یا اس کو سکھنے میں مدد میں ہیں?
36. Urdu

☐ Xin dánh dấu vào ở này nếu biết đọc và nói được Việt Ngữ.
37. Vietnamese

☐ בק物流企业 עם ק특별ה או בר א Bison באנגלית או ויידיש.
38. Yiddish
Attachment C

Cordless Blue Phone Dialing Instructions
A visual guide to using the Cordless Blue Phone to access an interpreter

How to Access an Interpreter

1. Press the UP ARROW and then the TALK button
2. Phone will dial 800 #, Account # and PIN
3. Please say the needed language or press 2 for Spanish
4. Confirm the language selection

5. The interpreter will greet you with a 6-digit ID number. We recommend that you document it in the charting notes or legal documents.
6. Press TALK on the 2nd Handset and give it to your Patient
7. Allow the interpreter to greet your client before beginning dialogue

www.cyracom.com
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Accessing an Interpreter

**Using Any Phone**

1. Dial 1(800)-481-3293
2. Enter your account # 501023936
3. Enter your PIN # 2113
4. Please say the language you need
5. Select if you would like to add an additional person to the call
6. Hold temporarily as you are connected to an interpreter.
7. Document the interpreter ID number in something patient-specific as proof of using a certified interpreter.

**Working Effectively with an Interpreter**
- Allow the interpreter to greet you and the customer.
- Write the interpreter ID number for documentation.
- Provide the interpreter with a brief explanation of the call.
- Speak in the first person.
- Use short but complete phrases.
- Avoid slang, jargon or metaphors.
- Allow the interpreter to clarify linguistic and cultural issues.

**Submitting Feedback to CyraCom**
- Did you have a really good experience, a call that could have gone better or general feedback you would like to submit to CyraCom?
- Submit feedback online today at: www.cyracom.com/feedback

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### Identifying Your Patient’s Language

This chart reads, "Do you speak [language]?

<table>
<thead>
<tr>
<th>Language</th>
<th>Question in Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arabic</td>
<td>هل تتكلم اللغة العربية؟</td>
</tr>
<tr>
<td>Armenian</td>
<td>ենու՞ր երբեմն եք իմանալով</td>
</tr>
<tr>
<td>Bengali</td>
<td>আপনি কি বাংলা কথা পাচেন?</td>
</tr>
<tr>
<td>Bosnian</td>
<td>Govorite li Bosanski?</td>
</tr>
<tr>
<td>Cambodian</td>
<td>願意満足の言葉を話しますか？</td>
</tr>
<tr>
<td>Cantonese</td>
<td>您講廣東話嗎?</td>
</tr>
<tr>
<td>Chinese</td>
<td>您讲中文吗？</td>
</tr>
<tr>
<td>Farsi</td>
<td>آیا شما فارسی صحبت میکنید؟</td>
</tr>
<tr>
<td>French</td>
<td>Parlez-vous français?</td>
</tr>
<tr>
<td>Haitian Creole</td>
<td>ëské ou pale Kreyòl?</td>
</tr>
<tr>
<td>Japanese</td>
<td>日本語を話しますか。</td>
</tr>
<tr>
<td>Korean</td>
<td>한국어 통역이 필요하십니까?</td>
</tr>
<tr>
<td>Mandarin</td>
<td>您讲普通话吗？</td>
</tr>
<tr>
<td>Polish</td>
<td>Czy mówim Pan/Pani po polsku?</td>
</tr>
<tr>
<td>Portuguese</td>
<td>Você fala português?</td>
</tr>
<tr>
<td>Russian</td>
<td>Вы говорите по-русски?</td>
</tr>
<tr>
<td>Somali</td>
<td>Af Soomaaliga ma ku hadashaa?</td>
</tr>
<tr>
<td>Spanish</td>
<td>¿Habla español?</td>
</tr>
<tr>
<td>Swahili</td>
<td>Jel Unoongea Kiswahili?</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>Ông/hã nói tiếng Việt phải không?</td>
</tr>
</tbody>
</table>