

**NORTHERN INYO HEALTHCARE DISTRICT  
POLICY AND PROCEDURE**

Title: Language Access Services Policy	
Scope: District Wide	Manual: Language Services
Source: Language Access Services Manager	Effective Date: 12/19/19

**PURPOSE:**

The purpose of this policy is to ensure timely and appropriate language or communication assistance is provided to Limited English Proficient (LEP), or hearing impaired patients or their representatives for equal and meaningful access to high quality health care services.

**POLICY:**

1. It is the policy of Northern Inyo Healthcare District (NIHD) to provide timely and appropriate language or communication assistance to patients and/or their representatives experiencing language or communication barriers.
2. NIHD provides language or communication assistance through the utilization of any of the resources approved under the District’s Language Access Services (LAS) Program.
  - a) NIHD-approved resources for language access services are:
    - i. Workforce members designated as qualified approved bilingual, qualified medical interpreter, and qualified healthcare interpreter.
    - ii. Workforce accredited as Certified Healthcare Interpreter™
    - iii. Contracted over the phone, or video remote interpreting services, and
    - iv. Translated forms, and materials into qualifying threshold languages<sup>1</sup>.
  - b) The unavailability of a qualified workforce member to provide language or communication assistance shall not cause a delay in providing health care services, in any form, and at any time. When qualified workforce members are not available, workforce members shall immediately utilize the telephone or video remote interpreting services, which are available 24 hours a day, seven days a week.
  - c) Workforce members **shall not** ask patients’ family members or friends to provide interpreter services in any form and at any time.
  - d) Workforce **not** qualified as Approved Bilingual, and **not approved** to provide language or communication assistance, shall not attempt to provide direct or indirect communication (assisted with a computer, tablet, and/or Smartphone), and shall **only** use District-approved resources for language access services.
3. NIHD:
  - a) Provides the assistance of trained qualified interpreters (in-person or remotely by telephone or video) to LEP, and hearing impaired patients,
  - b) Encourages patients **not to use friends or family** members as their interpreter, and
  - c) Does not allow the utilization of anyone under the age of 18 years of age as an interpreter.
4. NIHD recognizes patients’ right to self-autonomy, and their right to refuse to use the qualified interpreter services provided by the District. However, in order to **ensure communication and compliance**<sup>2</sup>:
  - a) NIHD workforce members shall obtain a signed Waiver of Interpreter Services any and every time a patient requests to use a friend or family members (which is 18 years of age or greater) as his/her interpreter of choice. The signed waiver must be scanned as part of the medical record for that visit.

<sup>1</sup> Under Title VI of the Civil Rights Act of 1964, ACA § 1557, and CA Health and Safety Code, Division 2, Chapter 2, Article 1, §1259, NIHD’s only qualifying language is Spanish.

<sup>2</sup> ACA § 1557: Recipients must provide a qualified interpreter.

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- b) In order to ensure the accuracy and completeness of the patient’s interpreter of choice, NIHD workforce members shall have a District-approved interpreter (in-person, over the phone, or video) present at the same time; during each and every time the patient is using his/her interpreter of choice.
  - c) NIHD workforce members who are requested by their friend or family member to be their interpreter of choice, are encouraged to function in the role of support-person and refrain from the interpreter role. Should the NIHD workforce member chose to interpret; an additional District-approved interpreter must be utilized.
  - d) NIHD workforce members are allowed to be the patient’s interpreter of choice, without the need to sign a Waiver, **only** when one of the following circumstances apply:
    - i. The patient is a minor and the workforce member is the parent, or
    - ii. The workforce member has been designated as the patient’s legal representative, and the proper documentation is on file.
  - e) NIHD workforce members obtaining the signed Waiver must complete and sign the Workforce Member Certification portion of the Waiver.
5. NIHD translates documents identified as Vital, Significant Publications, and Significant Communications into qualifying threshold languages<sup>3</sup>.
- a) All requests for translation shall be submitted to the Language Access Services Department.
6. Workforce members shall provide patients the forms and information in the patient’s preferred language when they are available.
- a) When a form is available in Spanish, workforce members shall use both forms, the one in English and its Spanish translation when obtaining the patient’s signature for a surgery or diagnostic procedure or any other form (the patient shall sign both forms, and both forms shall be scanned into the patient’s medical record).
  - b) NIHD maintains a translated list, in qualifying languages - Spanish, of the most frequently performed procedures at NIHD. When available, the name of the surgery or procedure shall be written in Spanish in the translated form. The form in English shall have the name of the surgery or procedure written in English.
  - c) When the name of the surgery or procedure is not available in Spanish, workforce members shall write in English the name of the surgery or procedure in the Spanish form.
7. NIHD develops and posts Notices informing LEP patients of their rights to language access services.
8. NIHD designs all signage to ensure qualifying LEP populations understand how to access all public areas.
9. NIHD workforce shall be required to read and become familiar with this policy during new hire orientation, and then as required by the District.

**REFERENCES:**

This policy is in compliance with, but not limited to the following:

- 1. Title VI of the Civil Rights Act of 1964;
- 2. The Affordable Care Act, §1557;
- 3. California Health and Safety Code, Division 2, Chapter 2, Article 1, §1259;
- 4. California Health and Safety Code § 1367.04(b)(1)(B)(i)-(vi);

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<sup>3</sup> Title VI of the Civil Rights Act of 1964; Affordable Care Act § 1557; and California Health and Safety Code, Division 2, Chapter 2, Article 1, § 1259

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5. Emergency Medical Treatment and Active Labor Act; and
6. The Joint Commission Standards on Patient-Centered Communication.

**CROSS REFERENCE P&P:**

1. Language Access Services Program.
2. Admission Services Training Manual

<b>Approval</b>	<b>Date</b>
CCOC	12/16/19
Administration	12/23/19
Board of Directors	12/18/19
Last Board of Directors Review	12/18/19

Developed: 12/19 jg  
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