

# BASIC INFORMATION

## TITLE III OF THE AMERICANS WITH DISABILITIES ACT

prohibits discrimination against individuals with disabilities by places of public accommodation. Private health care providers are considered places of public accommodation. The Department of Justice has regulations for the obligations of public accommodations under Title III. Hospitals and other health care facilities that are operated by state or local governments are covered by similar rules under Title II of the ADA.

**ASSOCIATION OF AMERICAN MEDICAL COLLEGES** can be contacted for further reading on how to use an interpreter in medical settings. Please visit them at: [www.aamc.org/osr](http://www.aamc.org/osr)

**REGISTRY OF INTERPRETERS FOR THE DEAF (RID)** has played a leading role in establishing a national standard of quality for interpreters. RID encourages the growth of the profession, educates the public about the vital role of interpreters and works to ensure equal opportunity and access for all individuals. To find out more about RID please visit: [www.rid.org](http://www.rid.org)

**THE CODE OF PROFESSIONAL CONDUCT** is followed by all professional interpreters. To find out more information, please go to [www.rid.org/ethics/code/index.cfm/AID/66](http://www.rid.org/ethics/code/index.cfm/AID/66)

**LEGAL RIGHTS** of deaf and hard-of-hearing persons are governed by state and federal laws. To become more familiar with them please visit the National Association of the Deaf (NAD) at [www.nad.org](http://www.nad.org)

**REQUESTING** an interpreter in a timely fashion is vital. As soon as you know you need one, please call us. We know that emergencies do occur and will do our best to accommodate you with an interpreter.

**PLACING QUALIFIED AND SKILLED** interpreters is extremely important for each assignment. Please inform us if there is a preference of signing style or interpreter. Simply ask the Deaf person which form s/he prefers. Sign language can be broken down to various forms such as: ASL, PSE, MCE, SE, SEE1, SEE2, LOVE, Cued Speech, Rochester Method, or Oral Transliteration (ASL and PSE are commonly used).



Professional Interpreter Exchange  
Communicating Excellence

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## Working with Interpreters in the Medical Setting



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## TREAT ALL PATIENTS IN THE SAME MANNER

The most important thing to remember when using an interpreter is that having an interpreter present should not change the way you treat your patient. You can deal with the Deaf patient in the same way you would deal with any other patient with the same medical condition. The interpreter will simply be there to ensure that you are able to communicate effectively with the patient as you go about your normal routine.

### BE AWARE THAT

**THE INTERPRETER** may or may not know the patient. Do not ask the interpreter directly about any medical concerns or the history of the patient. Responding to this is against our Code of Professional Conduct and not part of our role.

**INTERPRETERS** are scheduled for a specific time during medical appointments. It is suggested that you prioritize so that the interpreter can be used effectively. If not, you will need to reschedule the appointment with the patient and the interpreting agency. The agency **MUST** be contacted by the initial requestor for any time that extends over the scheduled assignment and the interpreter may stay if the interpreter has no other subsequent engagements.

**FAMILY & FRIENDS** are emotionally involved and should not be used as interpreters. They may be used in dire emergencies until a professional interpreter arrives.

## DO...

...**TELL** the interpreter the current status of the patient and goals.

...**INFORM** the interpreter if they should wear protective gear before entering into the room.

...**FACE** the patient and not the interpreter.

...**SPEAK DIRECTLY** to the patient and in a normal tone. Do not say "Tell him/her..." or "Ask him/her..." When speaking to the patient.

**THE INTERPRETER WILL VOICE** for the patient (if required) and will use first person "I" while voicing for the patient (ex. "I have a lot of stomach pain.")

**FOR SAFETY & LIABILITY PURPOSES**, interpreters that work with patients in a lock-down ward or facility will need to be placed in a secured office or outside the patient's area until needed.

### ADDITIONAL WEBSITES:

[www.aamc.org/osr](http://www.aamc.org/osr)

[www.ocrid.org/using](http://www.ocrid.org/using)

[www.pcrd.org](http://www.pcrd.org)

[www.rid.org](http://www.rid.org)

[www.nad.org](http://www.nad.org)

## DO NOT ASK THE INTERPRETER TO

**ESCORT** the patient as a substitute for transport.

**SIT** in the room with the patient or to "keep an eye" on them.

**TAKE** the patient's medical history. The interpreter will interpret the questions between the deaf person and the medical staff who is asking the questions.

**EXPLAIN** procedures/information without a medical staff present in the room.

**TAKE** vitals, give medicine, or clean the room.

**KEEP** the patient company while waiting to be seen. The interpreter will sit outside of the room or in the lobby.

**SIGN** written consent forms related to the patient.

**ASSIST** in any medical procedures that are beyond the scope of interpreting.

**"NOT TELL THE PATIENT"** something that is being said. The interpreter is ethically required to interpret anything in audible range. Please refer to the Code of Professional Conduct for more information.



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