**ADA REQUEST FOR AUXILIARY AIDS AND SERVICES**

My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This is a request for auxiliary aids and services and reasonable modifications under Title III of the Americans with Disabilities Act, Section 1557 of the Affordable Care Act, the Rehabilitation Act, and the Arizonans with Disabilities Act.

I am Deaf and my first and primary language is American Sign Language. American Sign Language (ASL) is a visual, three-dimensional, non-linear language, and its grammar and syntax differ from the grammar and syntax of English and other spoken languages. Every English word does not have a corresponding sign in ASL, and every sign does not have a corresponding English word. Because ASL is my primary language and because it has a different vocabulary and syntax from English, I will not understand medical information, especially if the information discusses medical results, symptoms, diagnoses, medication and treatment plans. As a result, I do not have an equal opportunity to communicate about important healthcare with my healthcare provider without the provision of the following auxiliary aid and services:

\_\_\_\_\_\_ Qualified Sign Language Interpreter (onsite)

\_\_\_\_\_\_ Qualified Sign Language Interpreter (remote)

\_\_\_\_\_\_ Qualified Sign Language Team (Certified Deaf Interpreter and Hearing Interpreter)

\_\_\_\_\_\_ Qualified Sign Language Interpreter (Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Qualified ASL Interpreter**. As a patient who is Deaf and whose first and primary language is ASL, I need the above referenced auxiliary aid or service for effective communication in all important, lengthy, or complex healthcare communications, such as communications about my medical history, description of symptoms, injury or illness; patients’ rights, informed consent or permission for treatment; diagnosis or prognosis; explanation of procedures, tests, treatment, treatment options or surgery; explanation of medications prescribed (such as dosage, instructions for how and when the medication is to be taken and side effects or food or drug interactions); explanation regarding follow-up treatments, therapies, test results or recovery; discharge instructions; provision of mental health evaluations, group and individual therapy, counseling and other therapeutic activities; explanation of complex billing or insurance issues that may arise; and educational presentations.

I require an in-person interpreter for all planned communications because I have low vision and my vision is getting progressively worse. I have used VRI in the past and over the years, it has become increasingly difficult to see the interpreter on the screen.

Video Remote Interpreting (VRI), if it meets the ADA standards, would be effective as a stop gap measure for unplanned communications until an ASL interpreter can be scheduled for onsite interpretation. VRI is a fee-based service that uses video conferencing technology to access an off-site interpreter to provide real-time sign language or oral interpreting services for conversations between hearing people and people who are Deaf or have hearing loss. For VRI to be effective as a stop gap measure, the ADA requires all the following performance standards must be met:

* real-time, full-motion video and audio over a dedicated high-speed, wide-bandwidth video connection or wireless connection that delivers high-quality video images that do not produce lags, choppy, blurry, or grainy images, or irregular pauses in communication;
* a sharply delineated image that is large enough to display the interpreter’s face, arms, hands, and fingers, and the face, arms, hands, and fingers of the person using sign language, regardless of his or her body position;
* a clear, audible transmission of voices; and
* adequate staff training to ensure quick set-up and proper operation.

**PLEASE NOTE that if you provide VRI, please connect the device to a large screen. The National Association of the Deaf recommends a screen of at least 19.5 inches. I will not be able to see the interpreter clearly if VRI is provided on a laptop or tablet.**

If you need more information about how to meet these technical standards, please review the National Association of the Deaf and the Deaf Seniors of America’s Position Statement on Minimum Standards for Video Remote Interpreting Services in Medical Settings, available at this [link](https://www.nad.org/about-us/position-statements/minimum-standards-for-video-remote-interpreting-services-in-medical-settings/).

Before you deny any or all the requested auxiliary aids and services, please schedule an interactive process meeting with a qualified ASL interpreter to discuss my requests with me.

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 Name Date