



Reasonable Accommodations and Auxiliary Aids for Persons with Disabilities # 1660.180

INITIAL EFFECTIVE DATE:	LAST REVISION DATE:	RESPONSIBLE UNIVERSITY DIVISION/DEPARTMENT
November 7, 2023	February 12, 2026	Office of University Compliance and Integrity

POLICY STATEMENT

Florida International University (FIU) is committed to ensuring equal access to educational and healthcare services for qualified individuals with disabilities in compliance with the Americans with Disabilities Act (ADA) of 1990, Americans with Disabilities Amendments Act of 2008, Section 504 of the Rehabilitation Act of 1973, Section 1557 of the Patient Protection and Affordable Care Act, 42 U.S.C. Section 18116 and its implementing regulations, Section 413.08 of the Florida Statute, as well as other applicable laws and FIU policy. Under the ADA as amended, qualified individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodation and/or equal access to programs and services and activities.

It is the policy of FIU to ensure that effective means of communication and access for Patient s, patient representatives, their family members, friends, members of the public, visitors, and Companions with disabilities, including, but not limited to, those who are deaf or hard of hearing, blind or low vision, and those who have other sensory or manual impairments have an equal opportunity to participate in healthcare facility and program, services, activities, and other benefits.

FIU is committed to protecting the privacy of Protected Health Information in compliance with all applicable federal and Florida state laws, regulations and rules. For purposes of compliance with the Health Insurance Portability and Accountability Act (HIPAA), FIU has determined that it is a "Hybrid Covered Entity" and has designated the facilities and programs that constitute HIPAA Hybrid Components.

This policy applies to every healthcare facility, program, service, and activity, such as in patient services, clinics, activities, benefits, and educational classes. Whenever patients, patient representatives, their family members, friends, members of the public, visitors, and companions with disabilities are interacting with facility and program Workforce members.

It is the policy of FIU that facility and program Workforce members:

- a. will not apply a criterion for participation in programs, services, or benefit activities that screen out or tend to screen out individuals with disabilities, unless they can establish that such criteria are necessary for the provision of services, programs or activities.
- b. will not provide program, services, activities, or benefits to individuals with disabilities through programs, services, activities, or benefits that are separate or different, unless necessary to ensure that the facility, program, service activities, or benefits are equally effective.
- c. will make reasonable modifications in their policies, practices, and procedures to avoid discrimination on the basis of disability, unless the facility or program Workforce member can demonstrate that a modification would fundamentally alter the nature of the facility, service, program or activity.
- d. will ensure that individuals with disabilities are not excluded from facility, programs, services, , or activities because buildings or programs are inaccessible.
- e. will furnish appropriate auxiliary aids and services where necessary to afford qualified individuals with disabilities, including patients, patient representatives, their family members, friends, members of the public, visitors, and companions with disabilities an equal opportunity to participate in, and enjoy the benefits of, a facility, program, service, , activity, or other benefits conducted by the facility or program.
- f. will ensure that the communication is as effective as communication with persons without a hearing, vision, or speech impairment.

Workforce members are prohibited from refusing to treat a deaf, hard of hearing, blind or vision-impaired person because of the disability and are required to provide such auxiliary aids and services necessary to communicate effectively with patients or participants who have disabilities affecting hearing, vision, or speech.

Facilities and programs are prohibited from charging the patient or individual for the cost of providing such necessary aids and services.

Facility and program Administrative Officers, or designee must ensure that sign language or other interpreters are qualified.

A Workforce member *fluent* in sign language may be used instead of hiring an interpreter. If the Workforce member is not fluent, the Workforce member's efforts may not be considered to be "effective communication."

Workforce members who have a limited familiarity with sign language should interpret only in emergency situations for a brief time until a qualified interpreter can be present.

Workforce members should always address the patient directly, not the companion, as you would with any other patient. Just because the patient has a disability does not mean that the patient cannot speak for themselves or understand the exam results.



Facility and program Workforce members cannot refuse to treat a patient who has a disability just because the exam might take more time.

Generally, a patient with a disability should not wait longer than other patients because they are waiting for a particular examination table.

Service animals will be permitted to accompany an individual with a disability to all areas of Facilities, programs, services, and activities where individuals are normally allowed to go in accordance with this Policy. However, service animals may be restricted from certain spaces when their presence would fundamentally alter the nature of the facility or program service or activity.

The work or tasks performed by a service animal must be directly related to the individual's disability. Animals whose sole function is to provide comfort or emotional support do not qualify as service animals under the ADA and Section 413.08, Florida Statutes.

Reasonable modifications will be made to facility and program policies, practices, and procedures when necessary to accommodate an individual with a service animal. Generally, this means the waiving of a no animal policy to permit the use of a service animal. For instance, facility and program services, and activities where food is prepared or sold must allow service animals in public areas, even if state or local health codes prohibit animals on the premises and service animals must be allowed in patient rooms (including examination rooms) and anywhere else in the facility, clinic or program the public and patients are allowed to go. They cannot be excluded on the grounds that Workforce members can provide the same service.

FIU and the facilities and programs will not charge fees or require a deposit for service animals, will not require an individual to sit in a particular spot within the facility or program, and the individual does not have to provide advance notice that he/she will be participating in the facility or program service, or activity with a service animal.

FIU and the facilities and programs will not require service animals to wear a vest, ID tag, or the handler to use a specific leash, harness, or tether and will not restrict the type of dog breeds that can be service animals but will require the owner of the service animal to comply with all local and state animal licensing and registration requirements. Generally, all service animals must remain on the floor or the person utilizing the service animal may, when appropriate, carry the service animal. For example, if a person with diabetes has a glucose alert dog, the person may carry the dog in a chest-pack so it can be close to the person's face to allow the dog to smell the person's breath to alert of a change in glucose levels.

Service animals should be controlled with leashes, harness, or tether. If the individual is not able to hold a leash, or if the leash would prevent the animal from performing its task, the service animal must be always under the handler's control through voice or hand commands.



Workforce members will not approach a service animal without first obtaining the handler's permission because the Workforce member may be interfering with the service animal's ability to do their job.

A therapy animal and emotional support animal is an animal with good temperament and disposition, and who has reliable, predictable behavior, selected to visit people with disabilities or people who are experiencing the frailties of aging as a therapy tool. The animal may be incorporated as an integral part of a treatment process. A therapy animal and/or emotional support animal does not accompany an individual with a disability all the time, unlike a service animal that is always with its handler. Therapy animals and emotional support animals may be approved to accompany individuals in FIU facility and program activities in a manner consistent with FIU Policy and Procedure #1705.022 (Reasonable Accommodations for Faculty, Staff, Employment Candidates, and Visitors)

Workforce members may ask the handler to remove their service animal from a facility or program if the handler cannot control the service animal. If a service animal bites or scratches another person, facility or program Workforce members we will follow local and state reporting requirements.

All Workforce members will be advised of this policy and procedure and have access to this policy and procedure. Facility and program Administrative Officers, or designee must ensure that facility and program Workforce members that may have direct contact with individuals with disabilities are trained in effective communication techniques, including the effective use of interpreters and those who have direct contact with patients must receive training to address how to operate the accessible equipment, how to assist with transfers and positioning of individuals with disabilities, and how not to discriminate against individuals with disabilities.

Retaliation is expressly prohibited by this policy, and FIU will take immediate and responsive action to any report of retaliation. Workforce members shall not retaliate against any person because they initiated or were involved in this process. Any attempt to penalize anyone involved in the process through any form of retaliation shall be treated as a separate allegation of discrimination and covered by FIU Regulation 106: Nondiscrimination, Harassment and Retaliation (Title VII).

This policy and procedure will not exceed or conflict with FIU Policy and Procedure #1705.022 Reasonable Accommodations for Faculty, Staff, Employment Candidates, and Visitors unless prior approval is obtained from the FIU Office of Civil Rights (OCR)

SCOPE

This policy applies to all Workforce members (e.g., employees, faculty, medical staff, volunteers, students, vendors, business associates, and other persons) performing work for or on behalf of an FIU HIPAA Healthcare facility or program.



REASON FOR POLICY

The purpose of this policy is to ensure effective communication and access whenever patients, patient Representatives, their family members, friends, members of the public, visitors, and companions with disabilities involving patient s, prospective patient s, and their medical condition(s), treatment, services, activities, and benefits.

DEFINITIONS

Please refer to the following link for a complete list of definitions pertaining to all HIPAA policies.

[HIPAA Policies Definitions](#)

ROLES AND RESPONSIBILITIES

Compliance Oversight: The Director of Compliance and Privacy for Health Affairs:

- Evaluates all federal and state healthcare privacy laws, regulations, rules and ordinances (Rules) to ensure compliance with the Rules.
- Develops and maintains all required University-wide Privacy Rule policies and procedures.
- Develops and maintains HIPAA health care Privacy Rule training modules.
- Performs audits and assessments of the facilities and programs to ensure their compliance with the Privacy Rules and associated FIU Policies and Procedures.
- Partners with the Division of Information Technology HIPAA Security Officer to ensure compliance with all federal and state healthcare privacy and security laws, regulations rules, and ordinances.

HIPAA Components (Facilities and Programs):

- Each Healthcare facility and program must identify an ADA Accessibility Coordinator who is responsible for managing the accommodation process, evaluating the request, making a determination and notifying the individual of the determination.
- The ADA Accessibility Coordinator shall communicate with the FIU Office of Civil Rights (OCR) whenever a concern or problem should arise with respect to a requested or provided accommodation that cannot be handled or addressed by the ADA Accessibility Coordinator, but the ADA Accessibility Coordinator WILL NOT disclose any PHI/ePHI other than the PHI directly related with the disability for which an accommodation is requested. The identity of the Patient will not be disclosed.

RELATED RESOURCES

References

- 28 CFR §35.160(b)(2)
- 28 CFR §36.104
- 28 CFR §36.201 and 202
- 28 CFR §36.301(c)
- 28 CFR §36.303(a),(b) and (c)
- 45 CFR §164.502(a) and (b)
- 42 U.S.C. §121 31 et seq. (Title II of the ADA)
- 56 Fed. Reg. at 35553-67
- Section 504 of the Rehabilitation Act
- Florida Statute §413.08

Related Policies

- FIU Policy and Procedure #1610.005 (Designated HIPAA Health Care Components of FIU Community)
- FIU Policy and Procedure #1705.022 (Reasonable Accommodations for Faculty, Staff, Employment Candidates, and Visitors)

CONTACTS

For further information concerning this policy, please contact the Director of Compliance and Privacy for Health Affairs at (305) 348-0622 or hipaaprivacy@fiu.edu, or contact the appropriate Component Privacy Coordinator.

HISTORY

Initial Effective Date: November 7, 2023

Review Dates (*review performed, no updates*): N/A

Revision Dates (*updates made to document*): November 7, 2023; August 11, 2025; February 12, 2026 (update to unit names).



Auxiliary Aids for Persons with Disabilities # 1660.180a

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PROCEDURE STATEMENT

The procedures outlined below are intended to ensure effective communication with patients involving their medical conditions, treatment, services, and benefits. The procedures apply to, among other types of communication, communication of information contained in important documents, including, but not limited to, waivers of rights, consent to treatment forms, financial and insurance benefits forms, Notice of Privacy Practices, and written authorizations.

The procedures are also intended to ensure appropriate steps are taken to ensure that individuals with disabilities, including individuals who are deaf, hard of hearing, blind, visually impaired, who have sensory or manual impairments, or have mobility limitations, have an equal opportunity to participate in facility or program services, activities, and other benefits, including, but not limited to in-patient services, clinics, activities, benefits, and educational classes and they are accessible to all patients, patient representatives, their family members, friends, members of the public, visitors, and companions with disabilities unless providing the services, activities or programs would materially alter the facility or program or the individual is not a qualified individual with a disability.

The healthcare facilities and programs must provide notice of the availability of and procedure for requesting auxiliary aids and services through notices in their brochures, handbooks, letters, print/radio/television advertisements, websites, etc. and through notices posted in waiting rooms, lobbies, and areas where it is reasonable to anticipate patients, family members, visitors, members of the public, etc. may gather.

Workforce members should ask each individual who calls to make an appointment if the individual will need any assistance at the registration and/or examination because of a disability. This way, Workforce members and healthcare providers can be prepared to provide the assistance and necessary Workforce member(s) needed.

Facility and program Administrative Officer(s), or designee(s) shall be responsible for the oversight, dissemination, coordination, and enforcement related to this policy and procedure.

IA. Identification and Assessment of Need

A. **Appropriate Auxiliary Aids and Services for Patients, Companions, and Members of the Public who are Blind or Have Low Vision:** Consistent with Section 504 and Section 1557, FIU healthcare facilities and programs will furnish appropriate auxiliary aids and services where necessary to ensure effective communication with patients or companions with disabilities and take appropriate steps to ensure that communication with patients, companions, and members of the public who are blind or have low vision are as effective as communication with others

1. **For Persons Who are Blind or Who Have Low Vision**

- a. Facility and program Workforce members will communicate information contained in written materials concerning treatment, benefits, services, waivers of rights, and consent to treatment forms by reading out loud and explaining these forms to persons who are blind or who have low vision.
- b. In addition to reading, Workforce members will inform persons who are blind or who have low vision of other aids that are available, where they are located, and how they are used, including, but not limited to large print, taped, Braille, and electronically formatted materials and provide a description of each available material.
- c. The Facility and program Administrative Officer, or designee must develop, maintain and make available to all the facility and program workforce members information on how the materials may be obtained and include the names of the FIU programs (e.g., FIU Office of Civil Rights (OCR)), specific Workforce members, and their telephone numbers.

For example, the facility or program Administrative Officer, or designee may provide the following written notice to the facility or program Workforce members:

For the following auxiliary aids and services, Workforce members (staff) will contact (*responsible staff person or position and telephone number*), who is responsible for providing the aids and services in a timely manner:

- i. Qualified readers
- ii. Reformatting into large print
- iii. Taping or recording of print materials not available in alternate format
- vi. other effective methods that help make visually delivered materials available to individuals who are blind or who have low vision.

- d. In addition, Workforce members will assist persons who are blind or who have low vision in filling out forms and in otherwise providing information in a written format.
- e. When an individual self-identifies as a person with a disability that affects their ability to communicate or to access or manipulate written materials or requests an auxiliary aid or service, Workforce members will consult with the individual to identify in what ways effective communication can be achieved with the individual in the context of the facility's or program's service, or activity.

NOTE: The type of auxiliary aid or service necessary to ensure effective communication will vary in accordance with the method of communication involved; and the context in which the communication is taking place.

- f. In order to be effective, Workforce members will ensure that the auxiliary aids and services are provided in accessible formats, in a timely manner, and in such a way as to protect the privacy and independence of the individual with a disability.
 - g. When a facility or program uses an automated-attendant system, including, but not limited to, voicemail and messaging, or an interactive voice response system, for receiving and directing incoming telephone calls, that system must provide effective real-time communication with individuals using auxiliary aids and services, including TTY's and all forms of FCC - approved telecommunications relay systems, including Internet-based relay systems.
 - h. Workforce members will respond to telephone calls from a telecommunications relay service in the same manner that it responds to other telephone calls.
2. **For Persons Who are Blind or Who Have Low Vision (Web-based and Video Platforms)**
- a. Healthcare providers, facility and program Workforce members who use a web-based platform to send written recommendations, instructions, and other written communications to their patients must make sure the recommendations, instructions, and other written communications are screen-reader compatible for a patient or companion who is blind or has low vision.
 - b. Healthcare providers, facility and program Workforce members who use videos to show patient s how to do physical therapy exercises must make sure that the videos have audio descriptions for patient s who are blind or have low vision.

For example, a urologist who provides remote consultations through a video platform must provide a consultation by phone for a patient who requests that option due to a visual disability.

IB. Identification and Assessment Need

A. Appropriate Auxiliary Aids and Services for Patients, Companions, and Members of the Public who are Deaf or Hard of Hearing: Consistent with Section 504 and Section 1557, FIU healthcare facilities and programs will furnish appropriate auxiliary aids and services where necessary to ensure effective communication with patients, companions, and members of the public with disabilities and take appropriate steps to ensure that communication with patients, companions, and members of the public who are deaf or hard of hearing are as effective as communication with others.

1. For Persons Who Are Deaf or Hard of Hearing (*Sign Language*)

- a. For persons who are deaf or hard of hearing and who use sign language as their primary means of communication, the facility and program Administrative Officer, or designee, is responsible for providing effective interpretation or arranging for a qualified interpreter when needed. The facility and program Administrative Officer, or designee is responsible for:
 - i. Maintaining a list of qualified interpreters on staff which provides their names, telephone numbers, qualifications, hours of availability and ensure the list is readily available to the Workforce members;
 - ii. Contacting the appropriate interpreter on staff to interpret, if one is available and qualified to interpret; or
 - iii. Obtaining an outside interpreter if a qualified interpreter on staff is not available. The list of qualified interpreters shall identify the agency/agencies' name(s) with whom the facility or program have contracted or made arrangement to provide interpreter services. The agency's/agencies' telephone number(s) and the hours of availability must be provided with the list of qualified interpreters.

NOTE: If video interpreter services are provided via computer, the procedures for accessing the service must be included.

2. For Persons Who Are Deaf or Hard of Hearing (*Telephone*)

- a. The facility or program Administrative Officer, or designee, is responsible for the following auxiliary aids and services, and identifying the responsible Workforce member(s), job title and telephone number Workforce members will contact in order to provide the aids and services in a timely manner:
 - i. note-takers.
 - ii. computer-aided transcription services.
 - iii. telephone handset amplifiers.

- iv. written copies of oral announcements.
- v. assistive listening devices.
- vi. assistive listening systems.
- vii. telephones compatible with hearing aids.
- viii. closed caption decoders.
- ix. open and closed captioning.
- x. telecommunications devices for deaf persons (TDDs).
- xi. videotext displays, or
- xii. other effective methods that help make aurally delivered materials.
- xiii. available to individuals who are deaf or hard of hearing.

b. The facility or program Administrative Officer, or designee, is responsible for identifying and selecting the method(s) to incorporate into the facility or program policy and procedure that best applies to the facility or program. For instance, the facility or program policy and procedure may identify:

i. *(Insert name of FIU Facility or Program)* utilizes a Telecommunication Device for the Deaf (TDD) for external communication. The telephone number for the TDD is *(insert number)*. The TDD and instructions on how to operate it are located *(insert location)* in the facility or program.
OR

ii. *(Insert name of FIU Facility or Program)* has made arrangements to share a TDD. When it is determined by a Workforce member that a TDD is needed, the Workforce member shall contact *(identify the entity/FIU unit e.g., library, school or university, provide address and telephone numbers)*. OR

iii. *(Insert name of Facility or Program)* utilizes relay services for external telephone with TTY users. We accept and make calls through a relay service. The Florida state Relay service number is 7-1-1.

NOTE: See attached the Frequently Asked Questions prepared by the Florida Telecommunications Relay, Inc. The Florida Relay Services is a free public service that provides a communication link between standard telephone (voice) users and persons who are Deaf, Deaf/Blind, Hard of Hearing and Speech-Disabled using text telephones (TTYs), captioned telephone (Cap Tel), or personal computers.

3. For Persons Who Are Deaf or Hard of Hearing (Telehealth)

a. Workforce members and healthcare providers who use telehealth to provide remote health care, training sessions, or other healthcare related functions with patients and Companions must provide a sign language interpreter who is qualified to interpret the remote healthcare, training sessions, or other healthcare

related functions, including using any necessary specialized vocabulary, for a patient or companion who is deaf or hard of hearing. When an interpreter is necessary, Workforce members must make sure that the telehealth platform allows the interpreter to join the session or interaction.

- b. Healthcare providers and mental health providers who uses telehealth to provide remote counseling to patients and companions must ensure that the telehealth platform used supports effective real-time captioning for patients and companions who are deaf or hard of hearing.

II. Communication Assessment Criteria

- A. In determining which type of auxiliary aids or services are needed to ensure effective communication, facility and program Workforce members shall give primary consideration to the requests of a patient or companion who is disabled. The determination made by the Workforce member will take into account all relevant facts and circumstances, including without limitation the following:
 - 1. the method of communication used by the patient or companion, giving primary consideration to the patient's or companion's request for or statement of need for a particular auxiliary aid or service;
 - 2. the nature and type of healthcare services that will be delivered;
 - 4. the nature, length, and complexity of the communication at issue;
 - 5. the context in which the communication is taking place, including the reasonably foreseeable health care activities of the patient.
 - 6. health status or changes thereto, and
 - 7. with regard to the provision of Qualified Interpreters, the circumstances described in the Definitions Section above.
(28 C.F.R. §35.160(b)(2); 45 C.F.R. §92.102(a)-(b)).

NOTE: A Patient's need to receive urgent medical care will also be given strong consideration when determining the appropriate auxiliary aids and services.

- B. Workforce members will honor the patient's or companion's choice, unless the Workforce member can show that:
 - 1. Another effective means of communication is available,
 - 2. The use of the means chosen would result in a fundamental alteration in the facility or program's service or activity; or
 - 3. The use of the means chosen would result in undue financial burden to the facility or program.
(28 C.F.R. §35.104; 28 C.F.R. §35.160(a)(1),(b)(1),(b)(2); 45 C.F.R. §92.102(a)-(b)).

III. Determination NOT TO Provide Requested Auxiliary Aid or Service

- A. If, after conducting the assessment as described in "Communication Assessment Criteria" immediately above in Section II, the Workforce member(s) determines that

the facility or program will not provide a particular auxiliary aid or service requested by a patient or companion based on undue financial or administrative burden, that it would fundamentally alter the medical care or services provided by the facility or program, or because an equally effective auxiliary aid or service is available, the Workforce member(s) who made the determination shall so advise the individual requesting the auxiliary aid or service, provide a copy of FIU's Grievance Procedure, and secure a means of effective communication in a timely manner.

- B. Facility and program Workforce members must document in the patient's medical records the basis for the determination, including:
1. the date of the determination,
 2. the name and title of the Workforce member(s) who made the determination, and
 3. the alternative auxiliary aid or service, if any, that the Workforce member(s) decided to provide.
- C. A copy of this documentation in the patient's medical record shall be provided to the patient upon request in accordance with FIU Policy and Procedure #1660.050 (Patient Access to Protected Health Information) in requesting copies of the patient's medical records.

IV. Circumstances When Qualified Interpreters WILL BE Provided

- A. Facilities and program shall provide Qualified Interpreters, on-site or through a Video Remote Interpreting (VRI) service, to patients and companions as necessary to ensure effective communication.
- B. The following are examples of circumstances and types of communication when it is likely necessary to provide a Qualified Interpreter:
1. obtaining a patient's medical history or description of symptoms and medical condition;
 2. discussing or explaining a patient's diagnosis, current condition, prognosis, treatment options or recommendation for treatment;
 3. discussing or explaining procedures, tests, or treatments;
 4. discussing or explaining test results;
 5. discussing or explaining prescribed medications, instructions for how and when medication is to be taken, and possible side effects and interactions of medications;
 6. obtaining informed consent or permission for procedures, surgery, or other treatment options;
 7. communicating during treatment and testing;
 8. communicating during discharge or post-operative planning and instruction;
 9. communicating during physical and occupational therapy sessions;
 10. explaining living wills or powers of attorney (or their availability);
 11. discussing complex financial or insurance matters; and

12. any other circumstance in which a Qualified Interpreter is necessary to ensure a patient's rights are protected under applicable laws.

V. Video Remote Interpreting (VRI) Services Assessment Criteria

- A. In determining whether a Qualified Interpreter via VRI is appropriate to provide effective communication, relevant factors that the facility and program Workforce members may be required to consider include the following:
 1. the need for medical or surgical care and the requisite urgency;
 2. the patient or companion is limited in his or her ability to see the video screen, either due to limited vision or the physical positioning of the Patient (e.g., lying in a prone position or moving frequently during a physical or occupational therapy session);
 3. the patient or companion has limited ability to move his or her head, hands, or arms;
 4. the patient has cognitive limitations and or pain issues;
 5. there are multiple people in a room and the information exchanged is highly complex or fast-paced;
 6. the patient or companion may move repeatedly to areas of the facility or program that do not have a designated high-speed internet line;
 7. the patient will be treated in a room where there are space restrictions; and
 8. whether the VRI can be provided in accordance with the performance standards.

VI. Standards for Providing Video Remote Interpreting (VRI)

- A. Whenever a Qualified Interpreter via VRI is provided or used, Workforce members must ensure that it provides VRI in accordance with the following standards:
 1. 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;
 2. A sharply delineated image that is large enough to display the interpreter's face, arms, hands, and fingers, and the participating individual's face, arms, hands, and fingers, regardless of his or her body position;
 3. A clear, audible transmission of voices; and
 4. Adequate training to users of the technology and other involved individuals so that they may quickly and efficiently set up and operate the VRI.
(28 C.F.R. § 35.160(d); 45 C.F.R. § 92.102(b)(2)).
- B. Once the VRI system is operating, facility and program Workforce members must ask the deaf or hard of hearing patient or companion whether the VRI is meeting his or her communication needs and make a record of his or her response in the patient's medical records.

- C. In the event that the deaf or hard of hearing patient or companion cannot communicate effectively using any VRI service the Workforce member elects to acquire and offer, the Workforce member(s) must make all reasonable efforts to:
1. locate an on-site Qualified Interpreter or other auxiliary aid or service that will provide effective communication;
 2. periodically inform the deaf or hard of hearing patient or companion of the status of those efforts; and
 3. document in the Patient's medical records the concern and the steps taken to locate an on-site Qualified Interpreter or other auxiliary aid or service that will provide effective communication.

VII. Restricted Use of Adults Accompanying a Patient or Companion to Interpret or Facilitate Communication

- A. Workforce members will not require a patient or companion who is deaf or hard of hearing to bring another individual to interpret for him or her. Workforce members will not rely on an adult accompanying a patient or companion who is deaf or hard of hearing to facilitate communication except -
1. In an emergency involving an imminent threat to the safety or welfare of an individual or the public where there is no interpreter available; or
 2. Where the patient or companion who is deaf or hard of hearing specifically requests that the accompanying adult interpret or facilitate communication; the accompanying adult agrees to provide such assistance, and reliance on that adult for such assistance is appropriate under the circumstances.
(28 C.F.R. § 35.160(c)(1), (2); 45 C.F.R. § 92.102(a)).
- B. Companions (e.g., family members or friends) will not be used as interpreters unless specifically requested by that person and *after* an offer of an interpreter at no charge to the person has been made by the Workforce member(s). Such an offer and the response will be documented in the patient's medical records.
- C. If an offer of an interpreter at no charge to the person has been made by the Workforce member(s) and the person chooses to use a companion (e.g., family member or friend) as an interpreter, issues of competency of interpretation, confidentiality, privacy and conflict of interest will be considered. If the companion (e.g., family member or friend) is not competent or appropriate for any of these reasons, competent interpreter services will be provided.

XIII. Restricted Use of Minors to Interpret or Facilitate Communication

- A. Workforce members will not rely on a minor accompanying a patient or companion to interpret or facilitate communications between Workforce members and the patient or companion except in an emergency involving an imminent threat to the safety or welfare of an individual or the public, or where there is no Qualified Interpreter available.

(28 C.F.R. §35.160(c)(3); 45 C.F.R. §92.102(a)).

IX. Qualified Interpreters

- A. The facility and program Administrative Officer, or designee, must develop and implement a process to ensure that any interpreter with whom it contracts is qualified, consistent with the definition of Qualified Interpreter. (See definitions above).

X. Timeframe for Providing Qualified Interpreters

- A. Workforce members will ensure that it provides Qualified Interpreters in a timely manner, as set forth immediately below in Section XI (Request for Qualified Interpreter for Scheduled Events) and Section XII (Request for Qualified Interpreter for Non-Scheduled Events).

(28 C.F.R. §35.160(b)(2); 45 C.F.R. §92.102(b)(2)).

- B. Any deviations from the applicable response times will be documented in the patient's medical records and then addressed with the interpreting service provider, as appropriate.

XI. Request for Qualified Interpreter for Scheduled Events

- A. For all scheduled events when there is at least twenty-four (24) hours' notice in advance of the time when an interpreter is required, Workforce members must make a Qualified Interpreter available at the time of the scheduled event.
- B. Even when there are fewer than twenty-four (24) hours from the request to the scheduled event, Workforce members must make reasonable efforts to provide an on-site Qualified Interpreter for the scheduled event.
- C. If an on-site Qualified Interpreter is necessary, but not available, and it is medically appropriate to do so, Workforce members may make arrangements with the patient's agreement, to reschedule the appointment within forty-eight (48) hours of the request to a time when an on-site Qualified Interpreter can be appropriately scheduled.
- D. If an on-site Qualified Interpreter fails to arrive for the appointment, Workforce members must immediately arrange for another Qualified Interpreter within the timeframes specified in this Section.

XII. Request for Qualified Interpreter for Non-Scheduled Events

- A. For all nonscheduled incidents, Workforce members will provide a Qualified Interpreter, via an on-site appearance or VRI, as soon as practicable after a request or determination that a Qualified Interpreter is necessary.

- B. Between the time when a Qualified Interpreter is requested and when a Qualified Interpreter is made available, Workforce members must inform the patient or companion of the current efforts being taken to secure a Qualified Interpreter and continue to communicate with the patient or companion who is deaf or hard of hearing for such purposes and to the same extent as they would have communicated with the person but for the disability, using the most effective means of communication available where appropriate.
- C. Notification of the efforts to secure a Qualified Interpreter does not lessen the Facility's or program's obligation to provide a Qualified Interpreter.

NOTE: Efforts to communicate with the patient or companion in the interim shall not involve the use of accompanying adults or minors to interpret or facilitate communication, except under the limited circumstances specified in Section XI and XII above.

IC. Identification and Assessment Need

- A. **Appropriate Auxiliary Aids and Services for Patients, Companions, and Members of the Public who have Speech Impairments:** Consistent with Section 504 and Section 1557, FIU Healthcare facilities and programs will furnish appropriate auxiliary aids and services where necessary to ensure effective communication with patients, companions, and members of the public with disabilities and take appropriate steps to ensure that communication with patients, companions, and members of the public who have speech impairments are as effective as communication with others.

1. For Persons Who Have Speech Impairments

- a. The facility and program Administrative Officer, or designee shall provide the following services or aids to reasonably accommodate individuals with disabilities limiting their Speech:
 - i. Writing materials;
 - ii. typewriters;
 - iii. TDDs;
 - iv. computers;
 - v. flashcards;
 - vi. alphabet boards;
 - vii. communication boards; *(include those aids applicable to the Component/Unit)* and other communication aids.

ID. Identification and Assessment Need

- A. **Appropriate Auxiliary Aids and Services for Patients, Companions, and Members of the Public who have Manual Impairments:** Consistent with Section 504 and Section 1557, FIU Healthcare facilities and programs will furnish appropriate auxiliary aids and

services where necessary to ensure effective communication and accessibility to services and activities with patients, companions, and members of the public with disabilities and take appropriate steps to ensure that communication, services, and activities with patients, companions, and members of the public who have manual impairments are as effective as communication, services, programs, and activities provided others.

1. **Provision of Auxiliary Aids and Services – For Persons with Manual Impairments**

- a. The facility and program Administrative Office, or designee, shall provide the following services or aids to reasonably accommodate individuals with Manual Impairment by holding the materials and turning pages as needed, or by providing one or more of the following:
 - i. Note-takers;
 - ii. computer-aided transcription services;
 - iii. speaker phones; or
 - iv. other effective methods that help to ensure effective communication by individuals with manual impairments.
- b. The facility and program Administrative Officer, or designee shall provide the Workforce members with list identifying that Workforce members with the name, title and telephone contact information for the Workforce member who is responsible to provide the aids and services in a timely manner.

IE. Identification and Assessment Need

A. **Appropriate Auxiliary Aids and Services for Patients, Companions, and Members of the Public who have Mobility Impairments:** Consistent with Section 504 and Section 1557, FIU Healthcare facilities and programs will furnish appropriate auxiliary aids and services where necessary to ensure effective communication, services and activities with patients, companions, and members of the public with disabilities and take appropriate steps to ensure that services provided patients, companions, and members of the public who have mobility impairments available and accessible services provided others.

1. **Provision of Auxiliary Aids and Services – Mobility Impairments (e.g., Wheelchair or Other Mobile Device)**

- a. It is generally not okay to examine a patient in their wheelchair or other mobility device because the examination usually is less thorough than on an examination table and does not provide the patient with equal medical services.
- b. The facilities, programs, and Workforce members may need to provide an accessible examination table, an accessible stretcher or gurney, or a patient lift, or have enough trained staff available who can assist the patient to transfer. The accessible equipment shall not be greater than **17-19** inches from the floor.

- c. Workforce members must provide reasonable assistance to enable the individual to receive the medical care. The Workforce member(s) should ask the patient if he or she needs any assistance and, if so, what is the best way to help. This assistance may include:
 - helping the patient undress and dress,
 - helping the patient get on and off the exam table or other equipment, and
 - helping the patient lie back and be positioned on the examination table or other equipment. Once on the exam table, some patients may need a Workforce member to stay with them to help maintain balance and positioning.
- d. If a patient with a disability has made an appointment in advance, the Workforce members should reserve the room with the accessible exam table for that patient's appointment.
- e. If the facility or program Workforce member(s) finds that it cannot successfully reserve the room with the accessible exam table for individuals with disabilities, then the facility or program Administrative Officer will consider acquiring additional accessible exam tables so that more exam rooms are available for individuals with disabilities.

XIII. Timing of Communication Assessment and Determination

- A. Subject to the provisions and exceptions provided below in Section XV (Redetermination and Subsequent Visits) for returning patients, healthcare facility and program Workforce members will perform and document a communication assessment as part of each initial Patient assessment and reasonably reassess communication effectiveness and accessibility.
- B. If there is any indication from an initial assessment, inquiry, request, and/or Workforce member's observations that a patient or companion is disabled and auxiliary aids and services are necessary, the facility or program Workforce member(s) who is/are primarily responsible for coordinating and/or providing patient care services, in consultation with the patient or companion wherever possible, will determine which appropriate auxiliary aids and services are necessary.

XIV. Documentation of Communication Assessment Relating to Provision of Auxiliary Aids and Services

- A. Documentation of any assessment and determination as to the provision of auxiliary aids and services will be consistently maintained in the patient's medical record (e.g., in the "Clinical List Update") and at a minimum include the elements contained in above in Section II (Communication Assessment Criteria) and below is Section XVII (Auxiliary Aid and Service Log(s)).

- B. Documentation of any assessment and determination as to the provision of auxiliary aids and services will also be maintained in the patient's medical records in a manner consistent with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, 45 C.F.R. Parts 160 and 164, HITCH, Florida state statutes and regulations, and FIU associated policies and procedures.
- C. Workforce members shall label or make a notation in the patient's medical records to alert other Workforce members to the fact that the patient or companion is deaf, hard of hearing, blind, low vision, has speech, and/or manual and/or a mobility disability and will take appropriate steps to ensure that all Workforce members who are reasonably likely to have contact with the Patient or companion are made aware of the auxiliary aid or service(s) that have been identified as necessary to communicate effectively with the patient or companion and/or to provide services, activities and benefits to the patient and/or companion.

XV. Redetermination and Subsequent Visits

- A. Once a plan for accommodation has been established, facility and program Workforce members must not modify the plan without first consulting the patient or companion.
- B. Workforce members must reassess its determination of which appropriate auxiliary aids and services are necessary, in consultation with the patient or companion, regularly throughout the visit to ensure effective communication.
- C. If a patient or companion indicates that communication is not currently or has not been effective, the Workforce member will document in the patient's medical record as described above in Section II (Communication Assessment Criteria) any instance where a patient or companion indicates that the auxiliary aids and services provided have not been effective; any reassessment; and the results of any redetermination.
- D. With respect to any subsequent visits, Workforce members will consult the patient's medical records and confirm with the patient or companion if any auxiliary aids or services may be necessary.

XVI. Prohibition of Surcharges

- A. All appropriate auxiliary aids and/or services will be provided free of charge to Patients and Companions who are disabled.
(45 C.F.R. § 92.102(b)(2))

XVII. Auxiliary Aid and Service Log(s)

- A. Workforce members must document and maintain a log, or logs, of each request for an auxiliary aid or service by a patient or companion who is deaf or hard of hearing, recording:
1. the time and date of the request;
 2. the name of such individual who made the request;
 3. the name of such individual for whom the auxiliary aid or service is being requested (if different from the requestor);
 4. the specific auxiliary aid or service requested;
 5. the time and date of the request and, if applicable,
 6. the scheduled event; the time and date the auxiliary aid or service was provided;
 7. the type of auxiliary aid or service provided if different from what was requested;
 8. any deviations from the response times specified in Section XV and XVI, if applicable,
 9. a statement and explanation as to why the requested auxiliary aid or service was not provided, including a description of any alternative auxiliary aid or service provided by the facility or program.
 10. Such information must be documented in the patient's medical records.

XVIII. Companions

- A. It is up to the patient to decide whether a companion remains in the room during an exam or discussion with the healthcare provider. The patient may have brought a companion to assist with transportation, registration, or other functions but would prefer to ask the companion to leave the room before the healthcare provider begins a substantive discussion. Before beginning the examination or discussion, the healthcare provider should ask the patient if he or she wishes the companion to remain in the room.

IF. Identification and Assessment Need

- A. **Appropriate Auxiliary Aids and Services for Patients, Companions, and Members of the Public who use a Service Animal:** Consistent with Section 504, Section 1557, and Section 413.08 Florida state statutes, FIU Healthcare facilities and programs will permit patients, companions, and members of the public who utilize Service Animals to access facilities and programs service and activities unless doing so would fundamentally alter the facility, program, service, or activity.

1. Service Animals

- a. Workforce members cannot ask about the nature of the person's disability, require (or request) any 'proof' of the animal's training (or any other certification) as any inquiry violates various nondiscrimination laws, including the ADA.

- b. If it is NOT readily apparent that the dog is a service animal staff must ONLY ask:
 - 1. IF THE ANIMAL IS REQUIRED BECAUSE OF A DISABILITY? and
 - 2. WHAT WORK OR TASK HAS THE ANIMAL BEEN TRAINED TO PERFORM?
 - c. Workforce members CANNOT pet, play with, or try to distract the service animal in any way.
 - d. Workforce members CANNOT feed or care for the service animal, including toileting.
 - e. Workforce members CANNOT charge or require an individual to pay a surcharge in order to accommodate a service animal.
 - f. Workforce members should NEVER attempt to separate the service animal from the person with the qualified disability.
 - g. Workforce members should ALWAYS remember that the service animal is a working animal and should make every effort to minimize activities that may startle the animal.
2. Requirements of Service Animals and Their Handlers
- a. Leash: The service animal must be on a leash, harness or tether at all times, unless either the handler is unable because of a disability to use the harness, leash or other tether; or the use of a harness, leash or tether would interfere with the service animal's safe, effective performance of the work or task which the service animal was trained to perform. The service animal must still remain under the control of the handler even if the service animal is not on a harness, leash or tether.
 - b. Under Control of Handler: The handler must be in full control of the animal at all times. The care and supervision of a service animal is solely the responsibility of its handler. If a service animal must be separated from the handler to avoid a fundamental alteration or a threat to safety, it is the responsibility of the handler to arrange for the care and supervision of the animal during the period of separation.
 - c. Cleanup Rule: The handler must always carry supplies sufficient to clean up the animal's feces. Marked service animal toileting areas should be used when provided.
 - d. Feeding and Other Care: The handler must provide the service animal with food, water, and other necessary care or make other arrangements for the care of the

service animal. Under no circumstances shall the staff or volunteers care for the service animal.

3. When a Service Animal Can Be Asked to Leave

- a. A person with a disability may only be asked to remove their service animal immediately from the premises if the service animal is out of control and the handler does not take effective action to keep it under control; or the service animal is not house broken.

4. Individualized Assessment

- a. Individuals with disabilities shall be permitted to be accompanied by their service animal in all areas where members of the public and/or patients are permitted to go. However, it may be appropriate to perform an individualized assessment to exclude the service animal from areas such as the operating rooms and burn units where a sterile environment is critical to the services provided. This assessment shall be based on reasonable judgment that relies on current medical knowledge or on the best available objective evidence to ascertain:
 - i. the nature, duration and severity of the risk;
 - ii. the probability that a potential injury will actually occur; and
 - iii. whether any reasonable modifications of policies, practices or procedures or the provision of auxiliary aids or services will mitigate the risk.
- b. If it is determined, through an individualized assessment, that the service animal cannot be accommodated; Workforce members shall, upon the request of the patient, arrange for visits between the service animal and the handler in an area of equivalent privacy and amenities.

5. Visitors with Service Animals Service animals are generally permitted where visitors are permitted unless an individualized assessment is made to exclude a service animal.

- a. Visitors with service animals may not be permitted to access areas that employ greater than general infectious-control measures or when a patient is immunosuppressed.
- b. If a determination is made that a service animal cannot be accommodated in a certain area by the use of an individualized assessment; then the visitor will be offered additional accommodations, including, but not limited to transferring the patient to another comparable room when available to allow unrestricted access. Only if additional accommodations are not available will the visitor be given the option of removing the animal or having a friend, family or accompanying person remove the animal so the visitor may continue with the visit.

XVII. Training

- A. To ensure compliance with the law as it relates to the provision of auxiliary aids and services, facilities and programs must conduct annual training to all facility and program Workforce members (See definitions above) regarding Section 504, Section 1557, Section 413.08 Florida Statute, and the provision of auxiliary aids to persons who are deaf or hard of hearing, blind or vision impaired, and those with speech, manual or mobility impairments. All new facility and program Workforce members will receive training within sixty (60) calendar days of their start date at FIU.

XVIII. Record/Documentation Retention

- A. If a communication, action, activity, or designation is required to be documented in writing, the document or record owner (e.g., the facility or program) will maintain such writings, or an electronic copy, for seven (7) years from the date of its creation or the last effective date, whichever is later. (FIU Policy and Procedure #1660.080) (Policies and Procedures, Changes to Policies and Procedures, and Documentation)

Attachment A - Frequently Asked Questions prepared by the Florida Telecommunications Relay, Inc. (The Florida Relay Services)