

**Searingtown Dental P.C.**  
140 - Lockwood Ave Suite 101  
New Rochelle , NY 10801  
searingtowndental@gmail.com

## **Use of Interpreter Services**

### **General:**

- a) Searingtown Dental P.C. will provide auxiliary aids and services to patients and companions that are necessary to ensure equal access by disabled patients to Searingtown Dental P.C. 's services, unless doing so would create an undue burden or a fundamental alteration of the services being provided. Searingtown Dental P.C. does not discriminate, and will not tolerate discrimination, against any person based on a disability, perceived disability, or any other protected class under local, state, or federal law.
- b) The term “auxiliary aids and services” includes, but is not limited to, qualified interpreters, note takers, computer-aided, transcription services, written materials, telephone handset amplifiers, assistive listening systems, telephones compatible with hearing aids, closed caption decoders, open and closed captioning, telecommunications devices for deaf persons, videotext displays, or other effective methods of making aurally delivered materials available to individual with hearing impairments. Auxiliary aids and services shall be provided free of charges.
- c) The term “companion” means a person who is deaf or hard of hearing and is a family member, friend or associate of a patient and an appropriate person with whom Searingtown Dental P.C. should communicate. To be clear, Searingtown Dental P.C. is responsible for providing auxiliary aids and services to both patients and the patient's companion.
- d) The term “qualified interpreter” means an interpreter who, via video remote service or an onsite appearance, is able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, and include, for example, sign language interpreters, tactile interpreters, oral transliterators, and cued-language transliterator.

### **Responsibilities:**

- a) Intake. If a patient indicates that she or he or his or her companion is deaf or hard-of-hearing when scheduling an appointment, reception or scheduling staff inquire whether the patient wants Searingtown Dental P.C. to arrange for an auxiliary aid or service and, if so, what type of auxiliary aid or service will enable the patient to communicate effectively with the doctor or medical professional during the upcoming visit.

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The patient should be notified that auxiliary aids and services will be provided free of charge to the patient and companion. Specifically, each patient shall receive notice upon check-in to the effect “*Sign language and oral interpreters, TTYs, and other auxiliary aids and services are available free of charge to people who are deaf or hard of hearing. For assistance, please contact any office staff at (914)632-3132.*”

- b) Health Care Provider. The health care provider treating the patient is also responsible to ensure that necessary auxiliary aids and services are available and provided. The health care provider should add and maintain a note in the medical chart of every patient who has indicated such need for the patient and/or a companion

**Type of Auxiliary Aids and Services:**

- a) Once Searingtown Dental P.C. learns that a patient needs auxiliary aids and services, the determination of the appropriate auxiliary aids and services, and the timing, duration , and frequency with which they will be provided, will be made by Searingtown Dental P.C. in consultation with the patient or companion. The determination will take into account all relevant facts and circumstances including, for example, the individual's communication skills and knowledge and the nature and complexity of the communication at issue and the request and preferred method suggested by the patient or companion. The attached Communication Assessment Form shall be used as a part of this assessment process and Searingtown Dental P.C. shall provide assistance in completing Form at the patient or companions request. Strong consideration should be given to the method requested by the patient or companion, however, the Searingtown provider is responsible for making the final decision as part of their responsibility to provide effective patient care.
- b) In securing the needed services, Searingtown Dental P.C. shall keep the patient and companion informed of its efforts and provide updates until the services are secured.
- c) If a patient prefers the use of sign language, unless it would cause an undue burden or a fundamental alteration to Searingtown Dental P.C. would occur, Searingtown Dental pc will ensure that a certified sign language interpreter has been arranged for the requesting patient. If the patient requests a specific interpreter, efforts will be made to honor that request when practicable.
- d) If the patient prefers, written communication, Searingtown Dental P.C. will provide a clipboard and paper and pencil. All employees should be instructed to communicate legibly in writing with the patient.

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- e) A qualified interpreter should be used in all situation where complex information must be conveyed, such as when explaining medical conditions, treatment options, medications, and surgical procedures; when obtaining informed consent for treatment, when offering a diagnosis, prognosis and/or recommendation for treatment; when providing psychotherapy or counseling; and/or when discussing complex billing or insurance matters.
- f) Searingtown Dental P.C. shall not rely on an adult friend or family member to intercept except where: (1) the patient or companion specifically requests so, the accompanying adult agrees to provide such assistance, and reliance on such assistance is appropriate, or (2) in an emergency involving an imminent threat to the safety of an individual or the public where there is no qualified interpreter available. Searingtown Dental P.C. will not rely on a minor child or a patient to interpret except in an emergency involving an imminent threat to the safety of an individual or the public where there is no qualified interpreter available .

**Nondiscrimination:**

- a) Searingtown Dental P.C. shall not discriminate against any person based on a disability, perceived disability, or any other protected class under local, state, federal law.
- b) Searingtown Dental P.C. shall not deny equal services, accommodations, or other opportunities to any individual because of the known relationship of that person with someone who has a disability.
- c) Searingtown Dental P.C. shall not retaliate, interfere with, or coerce any person who made, or is making, a complaint of disability related discrimination or exercising his or hers rights under applicable antidiscrimination laws.
- d) The Americans with Disabilities Act prohibits discrimination against people with disabilities. People who are deaf, are hard of hearing, or have speech disabilities have the right under the ADA to request auxiliary aids and services. For mor information about the ADA, call the Department of Justice's toll-free ADA Information line at 1-800-514-301 (voice), 1-800-514-0383 (TTY) or visit the ADA Home Page at [www.ada.gov](http://www.ada.gov).

**Questions:**

All questions and inquiries about this policy and its application should be directed to the Office Manager, Stefanie Meza, and reachable at [searingtowndental@gmail.com](mailto:searingtowndental@gmail.com).