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## SELF-ADVOCACY GUIDE:

### Effective Communication in Healthcare Settings

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D/deaf people have a right to effective communication in healthcare settings under the Americans with Disabilities Act (“ADA”) and the Affordable Care Act (“ACA”)

Both public and private healthcare providers are obligated to follow the ADA. The ACA prohibits disability discrimination by health care programs that receive federal funding, such as Medicare and Medicaid.

To ensure there is effective communication, **public and private healthcare providers are required to furnish auxiliary aids and services**, such as sign language interpreters.

Healthcare providers must supply the aids and services preferred by the D/deaf patient.

#### **Aids and services must be up to par.**

- Sign language interpreters must be qualified.
  - Relatedly, the provider may not ask family or friends, especially children, to interpret, except in emergency situations.
- VRI must supply high quality, real time, full motion, sharply delineated video and clear, audible audio. Those involved with the VRI must be adequately trained to effectively and efficiently set up and operate it.

VRI is not an acceptable aid or service when the medical issue is or could be complex.

Moreover, VRI is not an acceptable aid or service when the D/deaf patient:

- Has limited movement in head, hands, or arms
- Has vision or cognitive issues
- Is under the influence of drugs or alcohol
- Is in significant pain, including labor
- If the medical issue is complex
- If there are space limitations in the room

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More resources — including videos of common issues and best practices for effective communication with D/deaf patients and companions in healthcare settings — are available [here](#).

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