Healthcare Communication Access Card

My Communication Request

Please note this in my chart and make sure my accommodation is arranged before my next visit.

I am (check one): ☐ **Deaf** ☐ **DeafBlind** ☐ **DeafDisabled** ☐ **Hard of Hearing** ☐ **Late-Deafened**

I am requesting (check all that apply):

- ☐ **Certified American Sign Language (ASL) interpreter**
- ☐ **Certified Deaf Interpreter (CDI)**
- ☐ **Captioning**
- ☐ **Written communication**
- ☐ **Visual aids**
- ☐ **Other:** _____

Please understand this is not a preference.

I need my accommodation(s) met so I can understand my care, ask questions, and give informed consent to treatment. Please make sure my accommodation is set up for all parts of my visit, including check-in, time with my provider, and discharge instructions.

DH. DeafHealth
445-275-2273
deafhealthaccess.org
Healthcare Support
coverage, care, questions

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My Communication Rights

I have the right to fully understand my care, and that means having communication access that works best for me. **Federal law protects this right, including:**

The Americans with Disabilities Act (ADA)

Section 504 of the Rehabilitation Act

Section 1557 of the Affordable Care Act

My accommodation request is on the other side of this card.

If I don't have my accommodation(s) met, I cannot fully take part in my care.

Please let me know how this will be arranged, or who I can talk to so we can move forward.

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