



Notice of Communication Accessibility Services

Our staff wants to communicate effectively with you and your family members. Please fill out this paper and return it to Registration/Clinic staff.

All of the communication accessibility aids and/or services that you need are free of charge to you.

Do you think you need any of the following aids and/or services?*

	YES	NO
American Sign Language interpreter		
Oral interpreter		
TTY/TDD		
Hearing-aid compatible telephone receiver with volume control		
Written/printed materials in other formats (i.e. large print, audio, accessible electronic or other formats as available)		

Additional aids and/or services may be available. Please list any other ways we may better communicate with you:

*Please note that some aids or services will only be necessary in certain situations.

Patient/Family Member/Companion Signature:

Date/Time

Signature of person, if any, who filled out this form on behalf of the patient, family member, or companion:

Date/Time

This provider complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-509-838-2531 (TTY: 1.800-833-6388 or 711).

Este proveedor cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-509-838-2531 (TTY: 1-800-833-6388 or 711).

該供應商遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-509-838-2531 (TTY : 1-800-833-6388 or 711)。

Signature

Date/Time

Witness

Date/Time