



Appendix 4.9

Deafness and Sign Language Guidance

The following is an overview of recommendations/guidelines for providing accessible communication to patients who are Deaf/deaf and use sign language as their main form of communication. We recommend working with your organization's interpreter services team to develop guidelines and processes for providing timely and effective sign language interpretation. If someone uses sign language and requests a qualified sign language interpreter, **you are required to provide one**.

American Sign Language (ASL) is a distinct language that is grammatically different from English. It is also important to remember that not everyone who uses sign language is fluent in ASL; there are different types of sign language. For example, Signed Exact English is used in some English-speaking countries.

Virtual Remote Interpreting (VRI) Requirements

For patients who are deaf and use sign language, it is best to use an in-person sign language interpreter. If this is not possible, you may provide video remote interpreting (VRI) services to virtually connect the patient with a qualified interpreter. Remember, federal law mandates that staff who use or set up VRI must be adequately trained, and VRI must display:¹⁻³

- Real-time, full-motion video and audio over a dedicated high-speed, wide-bandwidth connection with high-quality video images that do not lag or produce choppy, blurry, or grainy images or irregular pauses in communication;
- A sharp image that is large enough to display both the interpreter and the patient's face, arms, hands, and fingers, regardless of body position; and
- A clear, audible transmission of voices.

To meet these requirements, consider the technological standards outlined by the National Association of the Deaf (NAD) under "Minimum Requirements for VRI Technology and Equipment" [here](#).

Interpreters and Effective Communication Policies

Additionally, your organization's effective communication policy should contain the following information regarding interpreter services:

- When it is appropriate to exchange written notes and when to call an interpreter
- Who is considered a qualified interpreter
- Language about friends, family, and third parties being unqualified to interpret
- Appropriate times and settings to use VRI

Written Notes

For patients who use sign language, it is **NEVER** appropriate to exchange written notes alone. Written notes do not provide equivalent access to information or interaction.

Additionally, as noted above, ASL is a distinct language that is grammatically different from

English. Written communication can therefore be an ineffective method for communicating to and with a sign language user.

A qualified sign language interpreter must be called for all patients that use sign language to communicate. If a patient who is deaf or hard of hearing does not use sign language, ask them their preferred communication strategy. For some, written notes could be a preferred method of communication.

Qualified Interpreter

A “qualified interpreter” is, “someone who is able to interpret effectively, accurately, and impartially, both receptively (i.e., understanding what the person with the disability is saying) and expressively (i.e., having the skill needed to convey information back to that person) using any necessary specialized vocabulary.”⁴ Qualified interpreters, “adhere to generally accepted interpreter ethics principles including client confidentiality.”⁵

State law may require interpreters to be certified; we strongly recommend working closely with your organization’s legal team to ensure compliance with all federal, state, and local laws and regulations.

Friends, Family, and Third-Party Interpreters

Healthcare organizations cannot require patients to bring their own interpreter or rely on an adult accompanying a patient to interpret for them, except:

- In an emergency when a qualified interpreter is not available; or
- When a patient requests the accompanying adult interpret for them, the accompanying adult agrees, and it is appropriate under the circumstances.

However, even when requested by the patient, healthcare organizations cannot rely on the accompanying adult, “when there is reason to doubt the person’s impartiality or effectiveness,” such as when they have a personal stake in the outcome of their care.⁴ In other words, **friends and family members cannot be relied on to interpret for a patient and a qualified interpreter must be called.**

Minor children cannot interpret for a patient, even when requested by the patient, except in an emergency when a qualified interpreter is not available.^{4,6-8}

Appropriate Times and Settings to Use VRI

According to NAD, VRI should be used as a last resort when an in-person qualified interpreter is not available. When crafting your policy, consider allowing providers to use VRI only:⁹

- While waiting for an in-person interpreter to arrive, which should be no more than two hours from the time requested for unscheduled medical events;
- If the patient is staying for less than two hours;
- If you need to communicate with a patient outside of the time an interpreter was scheduled; or

- If the patient has not expressed preference for an in-person interpreter or it was determined that VRI complies with minimum standards to result in effective communication.

Communicating Through an Interpreter

When communicating with a patient through a sign language interpreter, consider the following guidance:

- Speak directly to the patient, not the interpreter
- Use first person, i.e., “How are *you* feeling?”
- Pause as needed to allow full interpretation
- Whether in-person or VRI, ensure the interpreter is positioned clearly in the patient’s visual field

References

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4. ADA Requirements: Effective Communication. Civil Rights Division, U.S. Department of Justice. Updated February 28, 2020. Accessed October 31, 2025. <https://www.ada.gov/resources/effective-communication/>
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8. Communications; General. 45 CFR §84.77(c) (2024). Accessed April 2, 2026. [https://www.ecfr.gov/current/title-45/part-84/section-84.77#p-84.77\(c\)](https://www.ecfr.gov/current/title-45/part-84/section-84.77#p-84.77(c))
9. National Association of the Deaf. Minimum Standards for Video Remote Interpreting Services in Medical Settings. Accessed November 4, 2025, <https://www.nad.org/about-us/position-statements/minimum-standards-for-video-remote-interpreting-services-in-medical-settings/>