



Chapter 4

Effective Communication

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Orientation to Effective Communication Chapter

This document is one chapter of a broader Implementation Guide on providing accessible healthcare for people with disabilities. The chapter will guide you through how to implement effective communication initiatives at your organization. The information in this chapter is a synthesis of existing research and learnings from health systems across the country. It is intended to provide guidelines which are adaptable to your local context.

This chapter includes: 1) an introduction to the topic, 2) six steps for implementation, and 3) a variety of appendices. Under each step, the **Actions and Tasks** section outlines best practices and questions to consider while implementing effective communication at your organization. The **Materials and Resources** section lists the relevant appendices, which include worksheets, templates, examples, and other resources to assist you in completing the **Actions and Tasks** of each implementation step.

Appendices can also be used independently as resources for documenting disability status and accommodation needs. For example, you could use Appendix 4.7: *Verbal Communication Guidance* if you are only interested in learning strategies staff can use when communicating with people with communication disabilities.

In this chapter, we divide implementation of effective communication into establishing **policies and procedures** and providing **auxiliary aids and services (accommodations)**. The terms “auxiliary aids and services” and “accommodations” are used interchangeably. For more information on providing accommodations, refer to *Chapter 3: Providing Accommodations*.

Introduction to Effective Communication

What is effective communication?

Effective communication is when communication with people with disabilities is just as effective as communication with people without disabilities.¹ According to the American Speech-Language-Hearing Association, effective communication happens when everyone can clearly and accurately exchange information in the ways that work best for them.²

Who are people with communication disabilities?

Patients with communication disabilities comprise over 14% of adults in the U.S.³ Communication disabilities include speech, language, hearing, voice, and cognitive difficulties. They include persons with difficulty understanding others or expressing oneself through speaking, reading, or writing due to health conditions.

Why is it important to provide effective communication during healthcare delivery?

People with communication disabilities are more likely to experience poorer health and healthcare outcomes compared to their peers without these disabilities. Examples of these disparities include being more likely to report poor or fair health, delaying or forgoing preventive healthcare, and being more likely to seek care in the emergency department in the past year.⁶⁻⁹ When hospitalized, people with communication disabilities experience three times more adverse events than adults without these disabilities.¹⁰

Effective communication, including the use of auxiliary aids and services, is integral to safe and high-quality care, shared decision making, and patients' feelings of trust and respect towards their healthcare team.

What are the requirements for effective communication in healthcare?

The Americans with Disabilities Act, Section 504 of the Rehabilitation Act, and Section 1557 of the Patient Protection and Affordable Care Act require that communication with people with disabilities be as effective as communication with people without disabilities, including by providing auxiliary aids and services when necessary.¹¹⁻¹⁴ Those auxiliary aids and services must be provided free of charge, in accessible formats, in a timely manner, and in a way that protects patient privacy.

Healthcare organizations must implement written procedures describing the process for ensuring effective communication for individuals with disabilities, including how to access appropriate auxiliary aids and services.¹⁵

Steps for Implementing Effective Communication

Step 1: Develop Leadership Support

When implementing any new accessibility initiative at your organization, earning buy-in from leadership is essential. Support from leadership will ensure you have the resources necessary to successfully create and implement effective communication policies and procedures.

Actions and Tasks

1. Identify what types of leadership support and buy-in you will need.
2. Identify potential champions across your organization.
3. Identify how providing effective communication will fit within your organization's existing priorities and initiatives.
4. Determine if your organization is involved in regulatory initiatives that require effective communication (e.g., Joint Commission Excellent Health Outcomes for All Certificate, state-level requirements, etc.)

Materials and Resources

- Appendix 0.3: Federal Requirements
- Appendix 0.10: Leadership Support: Key Individuals

**Appendices 0.3 and 0.10 can be accessed in the General Resources chapter.*

Step 2: Identify Implementation and Leadership Team

Effective communication is a shared organizational responsibility that must be embedded into routine clinical workflows, rather than delivered only through consultative or specialty services. Consider including people across different departments and units within your organization on your implementation and leadership team(s).

Actions and Tasks

1. Identify the implementation team for providing effective communication.
 - a. Include leadership and others who have the authority to make changes.
 - b. It could be helpful to start with a pilot or testing team to work through challenges before expanding to the entire clinic or healthcare system.
2. Determine the implementation team meeting structure.
 - a. How often will the team meet?
 - b. Is this a project that will be part of a quality improvement team or embedded within another team?
3. Identify champions for the project.
 - a. Select person(s) to lead and champion the implementation team.
 - b. Are they able to implement changes?

- c. Consider the role of the champion(s): will they be a clinical champion or a non-clinical team member? Are both clinical and non-clinical needed? Will you include multidisciplinary champion(s) to support system-wide implementation? Is there someone at the *system level* who has been assigned this task that can help? For example, a Disability Coordinator?

Materials and Resources

- Appendix 4.1: Effective Communication Implementation Team

Step 3: Needs Assessment

Identify the current state of patient-facing communications at your organization using Appendix 4.2: *Effective Communication Needs Assessment*.

Actions and Tasks

1. Identify if and where effective communication policies and procedures are currently happening, including who is leading the work and the department or unit the work is happening in.
2. Engage with other healthcare organizations to understand their effective communication procedures, including what is and isn't working for them. Consider joining the Disability Equity Collaborative's Leaders workgroup to create a peer network.
3. Determine how you will include patient perspectives.
 - a. Will you include people with disabilities on your implementation team?
 - b. Will you convene a patient advisory board?
 - c. Will you conduct a patient experience survey?
 - d. Will you engage disability community organizations?

Materials and Resources

- Appendix 4.2: Effective Communication Needs Assessment
- Appendix 4.6: Effective Communication Accommodations Examples
- [Disability Equity Collaborative's Leaders workgroup](#)

Step 4: Determine What, When, and Who Will Provide Effective Communication

Part A: Policy Writing

When composing your effective communication policy, consider all essential activities required in a visit (e.g., scheduling, navigating within the facility, communication during and after the visit, etc.). Patients with disabilities should be able to access each of these essential activities. For example, if you provide after-visit summaries, ensure patients with visual, cognitive, and communication disabilities can access the materials.

Actions and Tasks

1. Establish the team responsible for developing or modifying your organization's effective communication policy.
 - a. Will this team be different than your implementation team?
 - b. Identify who will review drafts and ultimately approve your policy.
 - i. Is there a department typically responsible for administrative policies?
 - ii. Do other policies (i.e., nondiscrimination, grievance procedures) already exist? If so, who drafted them?
2. Identify the scope of the project. Consider if this policy will apply organization-wide or to a single clinic.
3. Review legal, regulatory, and accreditation requirements to determine what must be included in your policy.
4. Draft the policy in accordance with your organization's mission and values.
5. Engage the disability community and patients' perspectives for feedback.

Materials and Resources

- Appendix 0.4: Disability Organizations
- Appendix 4.1: Effective Communication Implementation Team
- Appendix 4.3: Effective Communication Implementation Planning
- Appendix 4.4: Effective Communication Policy Planning Guidance

**Appendix 0.4 can be accessed in the General Resources chapter.*

Part B: Communication Auxiliary Aids and Services (Accommodations)

Use the completed "Communication Auxiliary Aids and Services (Accommodations)" section of your Needs Assessment (Appendix 4.2: *Effective Communication Needs Assessment*) and reference Appendix 4.5: *Effective Communication Accommodations Examples* to determine what accommodations your clinic or organization will provide.

Actions and Tasks

1. Select the auxiliary aids and services your organization will provide.
2. Plan how equipment will be purchased, including which budget(s) will fund them.
3. Determine what staff (i.e., interpreters) your organization must hire, including what department will house them.
4. Identify the scope of the project. Consider if the accommodations will be available across the entire organization or a single clinic.
5. When procuring auxiliary aids and services, consider:
 - a. Who will purchase the necessary equipment?
 - b. How many of each accommodation will the clinic need?
 - c. Where will accommodation(s) be located?
 - d. How will clinicians and staff be made aware of where accommodation(s) are located and how to access them in real time?
 - e. How or when will new supplies be ordered?
 - f. How will accommodation(s) be maintained?
 - g. What infection control issues need to be considered?

6. Using Appendix 0.9: *Disability Accommodations Inventory Table* in the General Resources chapter, decide how auxiliary aids and services will be provided within a clinic. Aim to integrate the process into existing clinic and system-level workflows when possible.
 - a. Identify how patients will be asked about their preferred communication strategies and accommodation needs.
 - b. Identify local barriers and facilitators to providing auxiliary aids and services.
 - i. For example, determine clinic level readiness and motivation for utilizing aids with patients, such as communication boards.
 - c. Use the *Effective Communication Implementation Planning* worksheet (Appendix 4.3) to specify site or clinic goals, strategies, timelines, milestones, and measures for implementing effective communication.
 - d. Create a workflow map, a visual representation of the actions, decisions, and tasks to be performed to successfully provide accommodations. See Appendix 4.11: *Effective Communication Process Map* for a sample map of this process during a medical encounter.
 - i. For example, identify someone responsible for scheduling interpreter services.
 - e. Determine what can and cannot be adapted in the standard process for providing an auxiliary aid or service.
 - i. For example, there will likely be different processes for providing Communication Access Real Time Translation (CART) during the medical encounter versus providing pre-visit paperwork during registration.
 - f. Determine the resources needed to provide accommodations.
 - i. For example, you will need to dedicate time for staff to complete trainings.
7. Revisit the composition of the implementation team. Determine if additional individuals from departments or units that will be involved in any aspect of the workflow/process to provide an accommodation should be included.

Materials and Resources

- Appendix 0.9: Disability Accommodations Inventory Table
- Appendix 4.2: Effective Communication Needs Assessment
- Appendix 4.3: Effective Communication Implementation Planning
- Appendix 4.4: Effective Communication Policy Planning Guidance
- Appendix 4.5: Effective Communication Accommodations Examples
- Appendix 4.11: Effective Communication Process Map

**Appendix 0.9 can be accessed in the General Resources chapter.*

Part C: Training

All patient-facing staff, clinicians, and interpreters should be trained on your effective communication policy and procedures to support successful implementation.

Actions and Tasks

1. Determine who will provide consultation to assist with training for staff and providers on your effective communication policy, the use of effective communication strategies, and providing auxiliary aids and services.
 - a. This person (or people) will offer expert guidance, feedback, and problem-solving to a site longitudinally.
 - b. This can be a practice facilitator or similar role.
2. Identify or create resources and trainings on effective communication strategies for staff and providers.
3. Identify or create resources and trainings on how to use auxiliary aids and services for staff and providers.

Materials and Resources

- Appendix 4.6: Effective Communication Training Resources
- Appendix 4.7: Verbal Communication Guidance
- Appendix 4.8: Written Communication Guidance
- Appendix 4.9: Deafness and Sign Language Guidance

Step 5: Pre-implementation

Prior to implementation, consider the following actions to ensure staff, patients, and your organization's systems are prepared to successfully implement effective communication.

Actions and Tasks

1. Determine who will provide technical assistance for both utilizing effective communication strategies, providing auxiliary services, and using auxiliary aids.
 - a. Is this a speech-language pathologist? Interpreter?
2. Determine how auxiliary aid and service equipment will be maintained.
3. Identify or develop tools that will encourage staff to utilize effective communication strategies.
4. Identify or develop patient-facing education materials to inform patients of the new effective communication policy.
5. Determine how success will be defined for effective communication, including appropriate metrics (e.g. were requested aids and services provided; patient, staff, and clinician satisfaction with the process, etc.).
 - a. Specify how you will monitor or assess whether patients are receiving requested aids and services.
 - b. Develop an evaluation plan to reflect your definition of success.

Materials and Resources

- Appendix 4.4: Effective Communication Policy Planning Guidance
- Appendix 4.10: Effective Communication Frequently Asked Questions
- Appendix 4.12: Effective Communication Barriers and Strategies

Step 6: Implementation, Evaluation, and Monitoring

Roll out the implementation plan developed in previous steps to implement effective communication procedures.

Actions and Tasks

1. Track and communicate rates of compliance with effective communication policies, use of services, and provision of auxiliary aids and services to responsible individuals (e.g., leadership, those providing services or accommodations) and implementation teams.
2. Review site-level data on provision rates and determine if changes in workflow or strategies are needed. Determine if additional staff, services, or aids are needed.
3. Make and document all needed adaptations.
4. Conduct Audit and Feedback, an implementation strategy that includes providing site-level staff, provider, or team-level data on effective communication to those assigned to perform tasks.
 - a. For example, create a progress chart to display in a staff breakroom.
 - b. [Audit and Feedback article](#) that details how to employ the strategy.
5. Recognize high performing staff, clinicians, or specific clinics or sites to recognize and celebrate high completion rates.
6. Continue to solicit patient feedback and make adjustments to your implementation plan as necessary.

Materials and Resources

- Appendix 4.10: Effective Communication Frequently Asked Questions
- Appendix 4.12: Effective Communication Barriers and Strategies
- Appendix 4.13: Effective Communication Monitoring Progress and Adaptations

Appendices Table

NAME	DESCRIPTION
Appendix 4.1: Effective Communication Implementation Team	A list of all the individuals who could participate on the implementation team.
Appendix 4.2: Effective Communication Needs Assessment	A worksheet to review the current landscape of an organization, identify mission and priorities, gaps and strengths, and specific goals for implementing effective communication.
Appendix 4.3: Effective Communication Implementation Planning	A worksheet to identify the future direction and processes that will be followed for implementing accommodations.
Appendix 4.4: Effective Communication Policy Planning Guidance	Guidance, a checklist, and sample template to use when creating an effective communication policy.
Appendix 4.5: Effective Communication Accommodations Examples	A list of sample communication auxiliary aids and services (accommodations).
Appendix 4.6: Effective Communication Training Resources	A list of resources and a table that outlines who may be trained, what challenges, topics, or attitudes training could address, when to conduct training, and how.
Appendix 4.7: Verbal Communication Guidance	Provides examples, resources, and tools for effective verbal communication.
Appendix 4.8: Written Communication Guidance	Provides tips and resources for effective written communication.
Appendix 4.9: Deafness and Sign Language Guidance	Provides guidance for effective communication with patients who are deaf and use sign language as their main form of communication.
Appendix 4.10: Effective Communication Frequently Asked Questions	A Frequently Asked Questions (FAQ) document for health system staff about effective communication.
Appendix 4.11: Effective Communication Process Map	An example process map for providing auxiliary aids and services (accommodations).
Appendix 4.12: Effective Communication Barriers and Strategies	A list of potential barriers to implementing effective communication and possible strategies to address them. Barriers are organized categorically.
Appendix 4.13: Effective Communication Monitoring Progress and Adaptations	A worksheet to track progress and adaptations to the implementation plan.

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Appendix 4.1

*Effective
Communication
Implementation
Team*

Below is a list of example roles and departments that include people who could participate on an effective communication implementation team.

1. Speech-language pathologists
2. Audiologists
3. Child life specialists
4. Occupational therapists
5. Health literacy specialists
6. Social workers and case managers
7. Interpreter services
8. Patient experience
9. Security
10. Nursing
11. Registration
12. Patient(s) with disabilities or patient advisory board
13. Families of patients with disabilities
14. Health IT
15. Compliance/Legal staff
16. Chaplain services



Appendix 4.2

*Effective
Communication
Needs
Assessment*

Instructions:

- This assessment can be completed by anyone at any point in implementing effective communication. Questions that are not applicable can be skipped.
- Please note that Needs Assessments are long processes that require input and commitments from multiple partners within the organization and community to develop a robust and sustainable plan.

Current State of Accessibility

This section will help you capture a snapshot of the current landscape of effective communication at your organization or clinic. These questions will work to identify existing resources, existing opportunities, and describe the current processes.

Background

1. What is the motivation driving the development of systems and processes for implementing effective communication?
 - a. Are there specific populations you are focused on (e.g., people with visual disabilities, hearing disabilities, or intellectual or developmental disabilities)?
 - b. Are there certain settings you are focused on (e.g., scheduling, radiology appointments, etc.)
 - c. Are there specific modalities of communication you are focused on (e.g., written, verbal, and/or electronic)?
2. What is the specific goal or desired outcome of implementing effective communication?
3. How does implementing effective communication align with any current organizational priorities (e.g., quality and safety; health equity; language interpretation)?
4. What, if any, leadership support is there for implementing effective communication?
5. What, if any, regulatory requirements are there for implementing effective communication (e.g., Joint Commission Certificates, U.S. Centers for Medicare and Medicaid requirements, state-level requirements, etc.)?

Policy and Procedures

1. What, if any, effective communication policies does your organization have?

2. Does your policy apply organization-wide or within certain clinics or units? If it is within specific clinics or units, list them.
3. What types of disability experiences do effective communication policies support?
4. How do you evaluate compliance with the policy?

Processes

1. What is the process for patients to request a preferred communication strategy or auxiliary aid or service? What is the process for caregivers with disabilities?
2. At what point(s) of care are communication-related needs questions asked of patients? Select all that apply.
 - During scheduling/registration
 - Electronic check-in
 - In-person check-in
 - Exam room
 - Patient portal
 - Other: _____
3. What aids and services are listed in your electronic health record as options for patients?
 - Are these fields required, optional, or free-text?
4. What question(s), if any, about preferred communication strategies are systematically asked to patients?

Communication Auxiliary Aids and Services (Accommodations)

1. What communication auxiliary aids and services are currently available? See Appendix 4.5 for a list of examples.
2. In which clinics or units are these auxiliary aids and services available?

3. How are staff made aware of where auxiliary aids and services are located and how to access them at the point of care?
 - a. INPATIENT ONLY: How will staff access auxiliary aids and services after hours?
4. What types of disabilities do your auxiliary aids and services support?
5. Are there any specific individuals, groups, or departments within your organization who are excelling at providing auxiliary aids and services?
6. Are existing aids and services available to caregivers with disabilities?
7. Is there a budget to implement effective communication across written/digital, verbal, and non-verbal communication modalities?
 - a. What types of budgets exist?
 - b. Whose budget is used for staff training vs. auxiliary aids and services?
 - c. What types of initiatives or supplies are covered by that budget?
8. Is there a list of auxiliary aids and services available across the healthcare system?
 - a. Is this posted internally?
 - b. Is this posted externally so patients can view the list?
 - c. Who maintains the list, and when has it last been updated?
 - d. How are available communication accommodations tracked in the organization?

People

1. Who oversees how effective communication policies and procedures are implemented?
 - a. How might this differ by clinic/department?
 - b. How might this differ by communication strategies and services?

2. Who oversees how aids and communication equipment are prioritized/purchased?
 - a. How might this differ by clinic/department?
 - b. How might this differ by type of accommodation?

3. Who might be your champions? They could include:
 - a. Disability Coordinator (i.e., “ADA Coordinator”, “Section 504 Officer”, “Section 1557 Coordinator”, “Disability Accessibility Coordinator”.)
 - b. Clinicians
 - c. Practice managers
 - d. Interpreter services
 - e. Other: _____

4. Who in your organization might have expertise in effective communication and/or auxiliary aids and services?
 - a. Interpreter services
 - b. Rehabilitation departments
 - c. Speech-language pathologists
 - d. Audiologists
 - e. Other: _____

Training

1. What effective communication training do you currently provide to staff and clinicians?
 - Policy procedures
 - Communication strategies
 - Providing/using auxiliary aids and services
 - Other: _____

2. How do you provide training?
 - Online modules
 - Simulations
 - Seminars/webinars
 - Other: _____

3. Is there someone responsible for creating, updating, or facilitating training for staff and providers on effective communication policies?

Institutional Support

1. What initiatives exist for communicating effectively with all patients, potentially including patients with disabilities?

Identify Gaps and Strengths

This section will help you to identify gaps and opportunities for future initiatives.

Based on the above information, describe your organization's:

1. **Strengths**: What internal factors exist that could facilitate providing effective communication in your organization?

2. **Weaknesses**: What internal barriers exist that inhibit providing effective communication at your organization?

3. **Opportunities**: What favorable external factors exist that could promote providing effective communication at your organization?

4. **Threats**: What external factors exist that have the potential to inhibit the success of providing effective communication at your organization?

Materials and Resources

- Appendix 0.9: Disability Accommodations Inventory Table
- Appendix 4.1: Effective Communication Implementation Team
- Appendix 4.5: Effective Communication Accommodations Examples
- Appendix 4.12: Effective Communication Barriers & Strategies

Appendix 0.9 can be accessed in the General Resources chapter.



Appendix 4.3

*Effective
Communication
Implementation
Planning*

The following plan will help guide your work in implementing effective communication into patient-facing interactions and written materials.

INSTRUCTIONS: Use this worksheet to guide your overall organizational/clinic plan for providing effective communication. For each of the questions below, complete all that may apply. Questions that are not applicable may be skipped. The following could serve as a practical worksheet or a thought exercise for your implementation team.

GOALS FOR THIS PLAN:

(Example: "We plan to focus on modifying our organization's effective communication policy.")

TEAM

WHO will be on the team to implement effective communication policies and the provision of communication auxiliary aids and services?

WHO will be on the team to monitor and evaluate implementation of effective communication policies and the provision of auxiliary aids and services?

WHO will coordinate the provision of auxiliary aids and services?

WHO will facilitate trainings for staff on your effective communication policies and procedures, including how to provide/use auxiliary aids and services?

WHAT other institutional partners will you need to engage?

POLICY WRITING

WHICH procedures in current effective communication policies will you keep in your new policy?

WHAT new effective communication procedures will you include in your policy?

WHO will review policy drafts? Who will ultimately approve your policy? Is this the same or different people?

HOW will you engage the disability community to incorporate patient and community perspectives in your policy? Select all that apply.

- Convene an advisory board of patients with disabilities
- Conduct patient experience surveys
- Review patient complaints about provider, staff, and organization communications
- Engage disability employee resource or affinity group
- Other: _____

COMMUNICATION AUXILIARY AIDS AND SERVICES (ACCOMMODATIONS)

WHAT effective communication aids and services will be available to patients across the entire organization?

WHAT effective communication aids and services will be available only to specific clinics? Which clinics?

HOW will staff be made aware of where auxiliary aids and services are housed and how to access them at the point of care, including after hours?

WHAT effective communication aids and services are already or will be listed in the electronic health record?

WHICH populations, if not all, could benefit from the effective communication aids and services you will be providing?

WHAT gaps in patients' needs will the aids and services address?

METHODS FOR IMPLEMENTING EFFECTIVE COMMUNICATION

Note: This step will likely be an involved process to map out your process for each point of communication.

HOW will patients be asked about their preferred communication strategies and need for accommodation(s)? When?

HOW will caregivers be asked about their own preferred communication strategies and need for accommodation(s)? When?

HOW will communication needs and accommodation(s) be communicated across visits, care teams, and transitions of care?

WHAT is the workflow for implementing effective communication procedures and/or providing auxiliary aids and services, including who, what, and when?

WHAT is the workflow for maintaining effective communication procedures in each setting, including who, what, and when?

WHAT is the escalation pathway if requested accommodation(s) cannot be provided in real time?

WHO designs and updates workflows? (See Appendix 0.6: *Project Planning* in the General Resources Chapter for Workflow examples.)

Materials and Resources

- Appendix 4.12: Effective Communication Process Map

TRAINING AND BUY-IN

HOW will you inform staff and clinicians that your organization is prioritizing effective communication?

- Newsletters
- Presentations at staff meetings
- Email announcements
- Other: _____

HOW will you increase buy-in with clinicians and staff for utilizing effective communication?

- Training
- Kudos
- Other: _____

WHAT tools will you use to promote utilizing effective communication?

- EHR tools (e.g., hard stop or yield signs in)
- Email reminders

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- Reminders at staff meetings
- Other: _____

HOW will you train staff and clinicians on your effective communication policy and procedures, and what communication accommodations are available?

HOW will you train staff and clinicians on what auxiliary aids and services are available?

HOW will you train staff and clinicians on how to provide and/or use auxiliary aids and services? How will this differ depending on the aid or service?

HOW will you train staff and clinicians on how to use effective communication strategies?

WHERE will training materials be located?

- Internal website
- Other: _____

HOW often will you provide effective communication training?

- New employee onboarding
- Annually
- Semi-annually
- Other: _____

WHICH roles will be trained in effective communication strategies or to assist with auxiliary aids and services (all staff, clinicians, medical assistants, reception, etc.)?

HOW will you inform patients of your effective communication policies? Choose one or more.

- Notice by placards/flyers at front desk, waiting room, exam rooms
- Communication during appointment scheduling
- Medical staff will communicate during visit
- Other: _____

EQUITY AND QUALITY

HOW will you ensure that the process of asking patients' preferred communication methods and does not reinforce stigma and discrimination?

- Training staff and clinicians
- Monitor patient complaints
- Other: _____

HOW will you integrate effective communication into your quality and safety priorities and initiatives?

PLANNING FOR IMPLEMENTATION AND EVALUATION

WHAT is your timeline for implementing an effective communication policy, procedures, and providing auxiliary aids and services?

HOW will you monitor staff and clinician progress to follow effective communication procedures?

HOW will you monitor staff and clinician progress to use requested communication strategies?

HOW will you monitor progress in providing requested accommodations?

WHAT process will you use to ensure that staff and clinicians use requested communication strategies and provide requested accommodations (if different than process listed above)?

HOW will you elicit patient feedback on your delivery of effective communication?

HOW often will you monitor your progress?

HOW will you monitor whether your processes align with federal, state, accreditation, etc. standards?

- Work with your organization's Disability Coordinator
- Work with your compliance office
- Other: _____

HOW will you continue to engage leadership support in this work?

- Regular reporting of data
- Highlight positive patient stories
- Other: _____

RESOURCES

WHAT resources will you need? Select all that apply.

- Patient-facing education materials (FAQ pages, policy statements, signs, etc.)
- Training materials
- Scripts
- Communication toolkits
- Other: _____

WHERE will you identify resources needed?

- Within your clinic/department
 - Team meetings
- Other departments/clinics
- External to your organization
- Other: _____

WHAT central resources (e.g., lists of accommodations, tip sheets, etc.) are available for effective communication?



Appendix 4.4

*Effective
Communication
Policy Writing
Guidance*

The Patient Protection and Affordable Care Act (ACA) requires healthcare organizations to create and implement an effective communication policy. The regulation states:

“Effective communication procedures. A covered entity must implement written effective communication procedures in its health programs and activities describing the covered entity's process for ensuring effective communication for individuals with disabilities when required under §92.202. At a minimum, a covered entity's effective communication procedures must include current contact information for the Section 1557 Coordinator (if applicable); how an employee obtains the services of qualified interpreters the covered entity uses to communicate with individuals with disabilities, including the names of any qualified interpreter staff members; and how to access appropriate auxiliary aids and services.”¹

Below, we included a brief checklist to consider when developing your effective communication policy. This is not an exhaustive list. Always coordinate with your compliance and/or legal department to ensure your policy complies with applicable laws and regulations.

Effective Communication Policy Checklist

The Health Resources and Services Administration recommends including the following in your effective communication policy:^{2,3}

- Contact information for your Section 1557/Disability Coordinator
- Definition of who is entitled to auxiliary aids and services (i.e., people who are deaf, visually impaired, companions with disabilities, etc.)
- Examples of auxiliary aids and services that your organization has available
- How to respond to a request for services
- How long it should take to respond to requests
- Where devices (assistive listening systems, video remote interpreting (VRI) equipment, etc.) are stored
- Names of subcontractors that provide auxiliary services (interpreters, CART, Braille, etc.)
- Hours of when auxiliary services are provided
- Procedures for obtaining services last minute or during an emergency
- 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

You may also consider including:

- Procedures for providing requests for auxiliary aids or services from companions or caregivers with disabilities
- How and how often the policy will be reviewed and updated for compliance

Public Notice of Effective Communication Policy

In settlement agreements,⁴⁻⁶ the Office for Civil Rights at the U.S. Department of Health and Human Services—the office responsible for enforcing compliance with effective communication requirements—has required healthcare organizations to post effective communication policy statements that notify patients of the availability of free auxiliary aids and services and other information.

Effective communication policy statements should be posted in both staff and patient areas. Posted notices should be in plain language, multiple languages, and accessible formats. In a model policy,⁷ the National Association of the Deaf (NAD) recommends including the following in your statement:

- Notice that your organization provides auxiliary aids and services to ensure effective communication for free;
- Examples of auxiliary aids and services available; and
- Contact information for your Section 1557/Disability Coordinator.

This statement should be posted:

- On signs, designed in accordance with the ADA Standards for Accessible Design,⁸ at:
 - Admitting stations;
 - Emergency departments;
 - Nurses stations;
 - Patient and visitor elevator lobby; and/or
 - Wherever a Patient's Bill of Rights is required to be posted.
- In all printings of a patient handbook or similar publication;
- On internet and intranet websites; and to
- Distribute the policy to all patient-facing staff upon their employment and on an annual basis thereafter.

NAD Model Policy (PDF): <https://www.nad.org/wp-content/uploads/2020/04/Model-Hospital-Policy.pdf>

References

1. General Provisions; Policies and procedures; Effective communication procedures. 45 CFR §92.8(e) (2024). Accessed April 10, 2026. [https://www.ecfr.gov/current/title-45/part-92/section-92.8#p-92.8\(e\)](https://www.ecfr.gov/current/title-45/part-92/section-92.8#p-92.8(e))
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Appendix 4.5

*Effective
Communication
Accommodations
Examples*

The following is a list of examples of effective communication accommodations a healthcare system, hospital, or clinic could provide. The list is categorized by “auxiliary aids” and “services”. See Appendix 0.8: *Disability Accommodations Examples* in the General Resources chapter for additional disability accommodations.

Auxiliary aids and services on this list that are similar or serve the same communication needs (i.e., visual, auditory, expressive communication, cognitive support, sensory support) are not necessarily substitutes for one another. Patients with disabilities request certain auxiliary aids and services based on their specific needs and preferred communication methods. Patients with disabilities may also need multiple aids and services to effectively accommodate their communication needs. Healthcare organizations should therefore have more than one accommodation available for any given communication need.

REMINDER: Under the Americans with Disabilities Act, patients with disabilities and their companions or caregivers with disabilities cannot be required to provide or cover the cost of the disability accommodations (auxiliary aids and services) they need. It is your organization’s responsibility to provide reasonable accommodations to ensure equal access to care and offered services.

Auxiliary Aids

- **Sound signalers:** Flashes a light when there is a loud noise or a knock on the door.
- **Auditory or adaptive pill bottles:** A technology that reads prescription labels aloud.
- **Signature guides:** A tool that helps someone with a visual or fine motor impairment accurately sign documents. It is typically a sturdy piece of plastic or metal with one or more openings through which a person can trace or place their signature.
- **Communication boards:** A sheet or board with pictures, words, and symbols that the user can point to to communicate.
- **White board and dry-erase marker**
- **Text-to-speech apps and Speech-to-text apps**
- **Communication toolkits:** A prepared box or bag with common communication aids, including communication boards, dry-erase boards, sound amplifiers, and sensory fidgets. They are typically located in central locations such as nurses’ stations.
- **Picture schedules and social stories:** Pictures that illustrate a medical test, procedure, or next steps in care.
- **Sound amplification device:** A device that amplifies sound for the listener.
- **Voice amplifier:** A device that amplifies a speaker’s voice.
- **Portable hearing loops:** A device that wirelessly transmits sound directly into hearing aids or cochlear implants. It consists of a microphone, an amplifier, and a loop of wire that emits a magnetic field picked up by the telecoil in compatible devices, enabling clearer hearing in noisy environments.

- **Clear masks**
- **Video phone**
- **Print or written materials in alternative formats**, such as:
 - Pictures
 - Plain language
 - Audio recordings
 - Large print
 - Braille
- **Magnifiers**, including full page magnifiers
- **Screen readers**: software that allows blind or visually impaired users to read and use a computer screen with a speech synthesizer or braille display.
- **Audio description of video informational materials**
- **Audio treatment summary and instructions**
- **Noise cancelling headphones**
- **Sensory fidgets**
- **Sunglasses**
- **Accessible telehealth platforms with captioning and chat functions**

Services

- **American Sign Language or other sign language interpretation**
- **Communication Access Real Time Translation (CART)**: Instant translation of spoken language through a transcriptionist who types on a notebook computer and uses real-time software.
- **Certified deaf interpreter**: Deaf or hard-of-hearing individual who is a native sign language user. They interpret sign language and incorporate gestures, miming, props, and other tools to provide detailed Deaf communication.
- **Cued speech interpreter**: Individuals who are trained to use a system of visual cues (hand shapes and positions) to make spoken language more accessible to individuals who are deaf or hard-of-hearing.
- **Speech to speech interpreter**: person trained to recognize unclear speech and repeat it clearly
- **Qualified note takers**: An individual knowledgeable on medical vocabulary and terminology who takes accurate notes
- **Document reader**: Someone available to read documents aloud.
- **Relay telephone calls**
- **Qualified reader**: An individual knowledgeable on medical vocabulary and terminology who can read written material verbally
- **Written or electronic appointment reminders and communication**



Appendix 4.6

*Effective
Communication
Training
Resources*

To successfully implement effective communication under the Americans with Disabilities Act (ADA), the U.S. Department of Justice states, “Covered entities should teach staff about the ADA’s requirements for communicating effectively with people who have communication disabilities.”¹

If staff are not aware of effective communication policies, effective communication strategies, and the availability of auxiliary aids and services, communication with people with disabilities will not be as effective as communication with those without. All patient-facing staff, clinicians, and interpreters should be trained in effective communication.

Training Resources

Healthcare organizations often purchase or create online modules, videos, resources, and materials for effective communication training. Below are some resources to get you started.

General

- [Communicating with Patients with Disabilities | University of Illinois Chicago](#)
- [Effective Communication for Health Care Providers \(PDF\)](#)
- [ASHA Communication Access Resources: Education, Training, and Implementation](#)
- [ADA Healthcare Webinar Series: Effective Communication: Leveraging Alternate Formats in Healthcare](#)
- [NH Disability and Health Program Health Professional Training, Module 2: Accessible and Adaptive Communication](#)

Critical Care Setting

- [SPEACS-2 Communication skills training for providers caring for patients who are intubated](#)

Aphasia

- [Communication Tools: Communicative Access & Supported Conversation for Adults With Aphasia \(SCA™\)](#)

Intellectual and Developmental Disabilities (I/DD)

- [The National Roadmap for Disability-Inclusive Healthcare](#)
- [Webinar on Plain Language: Plain Language and Beyond: Developing Health Resources for People with Intellectual and Developmental Disabilities](#)
- [Just include Me](#)

Training Table

Below is a table to help identify who may need to be trained, topics, when to conduct training, and how. Be sure that your trainings include role-specific responsibilities (e.g., who identifies a patient’s need, who retrieves aids or requests services, who documents the request and its provision) to ensure each staff member clearly understands their role and responsibility for the implementation of effective communication.

Who	What	When	How
Leadership	Disability competency: creating an affirming environment; language to use with people with disabilities	<ul style="list-style-type: none"> • Annually • Ad hoc 	<ul style="list-style-type: none"> • Didactic
	Effective communication overview: what is effective communication; examples of communication disabilities; why effective communication is important		
	Laws and regulations related to effective communication		
	Language to use when speaking with people with disabilities		
	Staff responsibilities when a disabled person needs an auxiliary aid or service, including which roles/departments must be involved		
Implementation team	Disability competency: creating an affirming environment; language to use with people with disabilities	<ul style="list-style-type: none"> • Annually • Every two years • Every 6 months • Ad hoc 	<ul style="list-style-type: none"> • Didactic (could be in-person or online) • Laminated guides
	Laws and regulations related to effective communication, including which patients are covered		
	Existing effective communication policy and involved departments (if applicable)		
	Effective communication strategies and accommodations (auxiliary aids and services) - what they are, how to use and how to find in organization		
	Disability competency: creating an affirming environment; language to use with people with disabilities		
	Laws and regulations related to effective communication, including which patients are covered		
	Existing effective communication policy and involved departments (if applicable)		
Clinician and staff	Disability competency: - creating an affirming environment, language to use when speaking with people with disabilities	<ul style="list-style-type: none"> • Orientation • Annually • Every two years • Every 6 months • Ad hoc 	<ul style="list-style-type: none"> • Didactic (could be in-person or online) • EHR tools (e.g., best practice advisories) • Laminated guides
	Laws and regulations related to effective communication, including how they apply to staff and what patients are covered		
	Effective communication strategies and accommodations (auxiliary aids and services)		
	How to respond when there is a communication disability and accommodation need, including where aids and services are located and who is responsible for them		
	How to use communication auxiliary aids or services		
	Organization’s effective communication policy		

Reference

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Appendix 4.7

Verbal Communication Guidance

Effective communication involves all staff on the frontlines of patient care, from registration to physicians. Verbal communication takes place in person, over the phone, during virtual appointments, and more. This document provides examples and resources for verbal communication.

NOTE: This document is not comprehensive. It provides a high-level overview of example verbal communication strategies and tools. Keep in mind that effective verbal communication strategies *supplement* necessary auxiliary aids and services—they do not replace them. Work with an expert, such as an advisory committee or accessibility professional, to evaluate whether these examples meet the needs of your patients with disabilities.

Disabilities

Effective communication is essential and legally required for patients with any disability that can affect how they communicate, such as:

- **Hearing disabilities:** Deafness, hearing loss
- **Visual disabilities:** Blind, low vision
- **Cognitive and learning disabilities:** Intellectual and developmental disability, dementia, dyslexia
- **Speech disabilities:** Stuttering or dysarthria or apraxia due to conditions such as Cerebral Palsy, stroke, or ALS
- **Language disabilities:** Aphasia, developmental language delays, Autism
- **Mental health disabilities:** Anxiety, post-traumatic stress disorder

Verbal Communication Strategies

There are many strategies, approaches, and tips for effectively communicating with people with disabilities. The following are a few example strategies staff can use when interacting with patients with disabilities.

Interact Tool

The research team behind the Patient-Centered Outcomes Research Institute (PCORI)-funded [Interact Trial](#) developed a communication tool that patients with communication disabilities can use with their clinicians. Access a free, publicly available version of the tool [here](#).¹ The following are communication strategies that patients may benefit from. It is important to remember that every patient has different preferences and needs for the strategies. A team member should always ask the patient first about their preferences.

➤ **When Speaking**

- Look at the patient.
- Use age-appropriate language.
- Speak in short phrases and sentences.
- Ask yes or no questions.
- Speak at a clear, medium pace.

- Frequently check that the patient understands what you said.
- If a patient does not understand, rephrase what you said – do not repeat.
- Let the patient know when you are switching topics.
- Use printed words or pictures for the patient to point to when answering questions.
- Write keywords while you are talking where the patient can see them.
- Use meaningful gestures, i.e., point to your stomach when asking if their stomach hurts.

➤ **When Listening**

- Look at the patient.
- Provide the patient extra time to process what you said.
- Provide the patient extra time to speak.
- Avoid interrupting or guessing what the patient is saying, even if they are struggling.
- Ask permission to guess if the patient is frustrated.
- Let the patient know when you don't understand and ask them to explain.

For Patients Who are Blind or Low Vision

- Identify yourself clearly when entering the room or starting a conversation.
- Explain procedures and examinations before performing them. Announce what you're going to do before touching the patient.
- Describe surroundings and obstacles in the patient's path to help them navigate the space. Use distances and clock faces to describe positioning.
 - “There is a table in the middle of the room, about six feet in front of you.”
 - “From where you are facing, the weight scale is at the 3 o'clock position about 3 feet in front of you.”
- Offer assistance in navigating a space. Ask the patient if they would like help before providing it or touching the patient.
- Describe any visual elements, gestures, or non-verbal cues that are important to the conversation.
- Offer alternative options to access written materials (See Appendix 4.8: *Written Communication Guidance*).

Verbal Communication Tools

The following are a few examples of communication tools developed by DEC and other organizations to help facilitate effective verbal communication between patients and providers.

Communication Passports

Communication passports are worksheets or workbooks containing information about a patient's demographic and medical information, preferred methods of communication, and other care needs. Communication passports can be an efficient method for people with disabilities to share their care and communication needs with their providers before an exam, treatment, or other form of care occurs. Below are a few examples:

- [The Les Turner ALS Foundation: ALS Communication Passport](#)
- [Hearing Loss Association of America \(HLAA\): Communication Access Plan \(PDF\)](#)

Resource Kits

Several other organizations have compiled or developed communication resources for providers:

- [Academic Autism Spectrum Partnership in Research and Education \(AASPIRE\): Healthcare Toolkit](#)
- [HLAA: Resources for Providers](#)

PACE

The acronym PACE can help staff and providers remember commonly requested strategies. Slow down the PACE of speech.

- **P:** Use **PLAIN** language
 - Use common, familiar words.
 - Avoid jargon.
 - Keep sentences short.
 - Use an active voice. Focus on who is doing the action: “You may need a test rather than a test may be needed.”
- **A:** **A**sk about and adapt to communication preferences
 - “What are ways I can support your communication?”
 - “How do you communicate best?”
- **C:** “**See**” the patient. Address the patient first and look at them when speaking
- **E:** Assess the **E**nvironment. Minimize background noise and stimuli.

Reference

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Appendix 4.8

*Written
Communication
Guidance*

Effective communication involves all aspects of patient care. This document provides examples and resources for effective communication in written materials.

NOTE: This document is not comprehensive. It provides a high-level overview of considerations for ensuring written communications are accessible. Keep in mind that effective written communications and materials *supplement* necessary auxiliary aids and services—they do not replace them. Work with an expert, such as an advisory committee or accessibility professional, to evaluate whether your materials are accessible.

Disabilities

Accessible written communication materials should be considered for individuals with the following disabilities:

- **Hearing disabilities:** Deafness, hearing loss
- **Visual disabilities:** Blind, low vision
- **Physical disabilities:** Upper extremity weakness from a high-level spinal cord injury, ALS, Parkinson’s Disease, Multiple Sclerosis (MS)
- **Cognitive and learning disabilities:** Intellectual and developmental disability, dementia, dyslexia
- **Language disabilities:** Aphasia, developmental language delays, Autism

Examples of Written Communication

Written communication can be found throughout the healthcare encounter. Consider both patient reading and patient writing. The following are a few examples of where written communication can appear in a patient’s healthcare experience:

- After-visit summaries
- Consent forms
- Medication or treatment instructions
- Notices for upcoming appointments
- Notification of policies and patient rights
- Billing statements
- Signs throughout a facility

Visual Accessibility Suggestions for Print Materials

There are a range of guidelines and suggestions for ensuring print materials are visually accessible. We highly recommend consulting with your organization’s design team, an accessibility professional, and/or an advisory committee. Below are a few tips for accessible print materials:

- Use sans serif font (Arial, Helvetica, or Verdana)
- Avoid bold or italics

- Use font that is at least 14 point
- Use 1.5 or more line spacing
- High contrast colors (Black writing on white paper)
- Don't rely on color alone to convey meaning

It is not enough to simply enlarge documents. When a document's font is enlarged, the formatting must still be readable and comprehensive.

Here are a few other resources for creating accessible print materials:

- [Section 508 Compliance Guidance: Accessible Fonts and Typography](#)
- [National Disability Rights Network: Accessibility Guidelines](#)
- [American Council of the Blind: Large Print Guidelines](#)

Visual Accessibility Accommodations

In addition to ensuring print materials are written in accessible fonts, sizing, and contrasts, patients with visual disabilities may need accommodations to access your written communications. Consider having common documents, such as HIPAA forms, readily available in large print and other accessible formats.

Patients with visual disabilities may require print or written materials in:

- Large print versions
- Recorded spoken audio versions
- Braille versions
- Electronic versions

The following are additional accommodations that can support patients with visual disabilities:

- Auditory pill bottles
- Signature guides
- Magnifiers, including full page magnifiers
- Staff to orient blind or low vision patient to the room
- Staff to assist with navigating to and within a facility
- Staff to read written information aloud in private rooms
- Light dimmers/brighteners

Accessible or Plain Language

People with cognitive, communication, and/or learning disabilities often benefit from accessible or plain language documents. The following are some tips for creating accessible or plain language documents:

- Aim for materials to be at 3rd-5th grade reading level
- Use active voice
- Keep language simple and direct
- Limit one sentence to one idea
- Use bullet points or simplified tables
- Avoid jargon or acronyms
 - **NOTE:** While you may remove medical jargon, using plain language does not mean leaving out medical content or the meaning of the information. Technical terms are replaced with everyday words, communicating the same information in clear, digestible language.

For some patients, consider adding graphics or pictures to illustrate written information. For example, when providing a patient with directions for a new medication, include a picture of the bottle and pills, as well as graphics indicating when to take the medication.

To learn more about accessible and plain language document recommendations, navigate to [the UCEDD Resource Center](#).

Web and Electronic Communication Accessibility

Communication in healthcare happens virtually via websites, patient portals, emails, and telehealth. Healthcare organizations are required to ensure all communication platforms are accessible, including items such as images and test results that are uploaded to a patient's chart. All patients should have equitable access to these virtual options via accessibility features like Alt text, screen reader compatible PDF documents, captioned videos, and more. Additionally, it is important to provide patients choices. For example, patients should not be required to only communicate with their provider's office via the patient portal.

It is beyond the scope of this chapter to provide comprehensive guidance on how to ensure that your electronic communication channels and platforms are accessible. As these technologies evolve, so do the standards. We recommend reviewing the latest Web Content Accessibility Guidelines (WCAG) standards for websites and web-based content from the [World Wide Web Consortium \(W3C\)](#), and work closely with your organization's IT team(s).



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

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Appendix 4.10

*Effective
Communication
Frequently Asked
Questions*

These are examples of commonly asked questions by staff and clinicians when implementing effective communication. Example answers are provided for each question, which should be adapted to local context.

Which patients do effective communication laws cover?

These laws apply to **all** patients with disabilities, including but not limited to those with hearing, speech and language, cognitive, motor, developmental, and visual disabilities.

How do I effectively communicate during an appointment when I have such limited time with patients?

Clinician time constraints are a concern for both clinicians and patients, so you can be upfront about the amount of time available. However, remember that federal law requires any patient communications, even when limited, to be just as effective for patients with disabilities as it is for patients without disabilities.

There are effective communication strategies that do not add time to an encounter, such as looking directly at the patient and speaking in short phrases and sentences. Even when pressed for time, do not interrupt the patient. If necessary, ask for permission to guess what they are saying. These strategies can make communication more efficient as they decrease miscommunications and the need to repeat oneself.

Patients' communication and accommodation needs should be asked ahead of the visit to prepare (i.e., a patient that needs extra time to talk could be scheduled for two time slots or given the last appointment of the day). While it's mandated that all after-visit summaries, notes, and follow-up communications be accessible to all patients, this is especially important when there is limited time to discuss their care during the visit.

What if a patient requests a communication aid or service (accommodation) that our organization doesn't have?

First, acknowledge their request and your intention to ensure they can access information about their care. Apologize that the specific accommodation is not available and tell them which accommodations you have that might meet their needs. Let the appropriate staff at your organization know of the request so clear procedures can be established to better accommodate the need in the future.

Remember that healthcare organizations are required to ensure communication with people with disabilities is just as effective as communication with people without disabilities, including by providing *reasonable* auxiliary aids and services when necessary. With the exception of providing qualified interpreters for sign language users, there is no required list of specific communication accommodations.

Do sign language interpreters need to be certified?

No. However, the interpreter must be "qualified," meaning they can interpret effectively, accurately, and without bias, using any necessary specialized vocabulary. Certification is not

required for someone to be qualified. In fact, certified interpreters might not always be qualified for certain situations, especially if they are unfamiliar with medical terminology.

Should qualified interpreters be available outside of regular hours?

Yes.

Who decides what communication accommodation is the right one?

Always ask the patient if they have a preferred communication strategy and/or accommodation—they know their needs best. While the healthcare team is ultimately responsible for deciding what reasonable accommodation is provided, the U.S. Department of Justice (DOJ) [expects](#) organizations to consult with the patient and consider their preferred communication methods. The accommodation provided, if not the one requested by the patient, must enable equally as effective communication.

What happens when a patient does not report their communication needs ahead of an appointment, and I am not prepared?

The DOJ [states](#) that “walk-in” requests should be honored to the extent possible. Healthcare organizations can require *reasonable* advance notice of a need for aids or services based on the length of time needed to acquire that aid or service, but such notice requirements must not be “excessive”.

Can I rely on a patient’s family member or friend to interpret for them?

No. 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. In other words, **friends and family members cannot be relied on to interpret for a patient. A qualified interpreter must be called.**

Minor children also cannot interpret for a patient, even when requested by the patient, except in an emergency when a qualified interpreter is not available.

Can I charge my patients for use of an interpreter, or when I provide them with an aid such as a hearing amplifier?

No. Under the ADA, healthcare organizations are obligated to provide disability accommodations at no cost to the patient, including communication aids and services.

Do I need to provide a sign-language interpreter for all staff and clinician interactions with Deaf patients who use sign-language?

It depends. Ideally, an interpreter is present for all staff and clinician interactions. In practice, the level of accommodation depends on the patient and circumstances—or, per ADA

guidance, "the complexity and nature of communications required." For example, if a patient stops at the volunteer desk to ask for directions to a clinic, the volunteer could initiate the process to arrange a sign language interpreter at the clinic while, in the meantime, using a combination of writing, showing, or walking the patient to the clinic, depending on the complexity of the directions.

Once more complex discussions related to the patient's participation in their care begin—such as with clinicians regarding the patient's health—a sign language interpreter must be present. Even in seemingly non-complex situations, such as checking in or scheduling an appointment, some patients may require an interpreter to fully participate in the activity as patients without disabilities do.

Do caregivers with disabilities also have the right to accommodations?

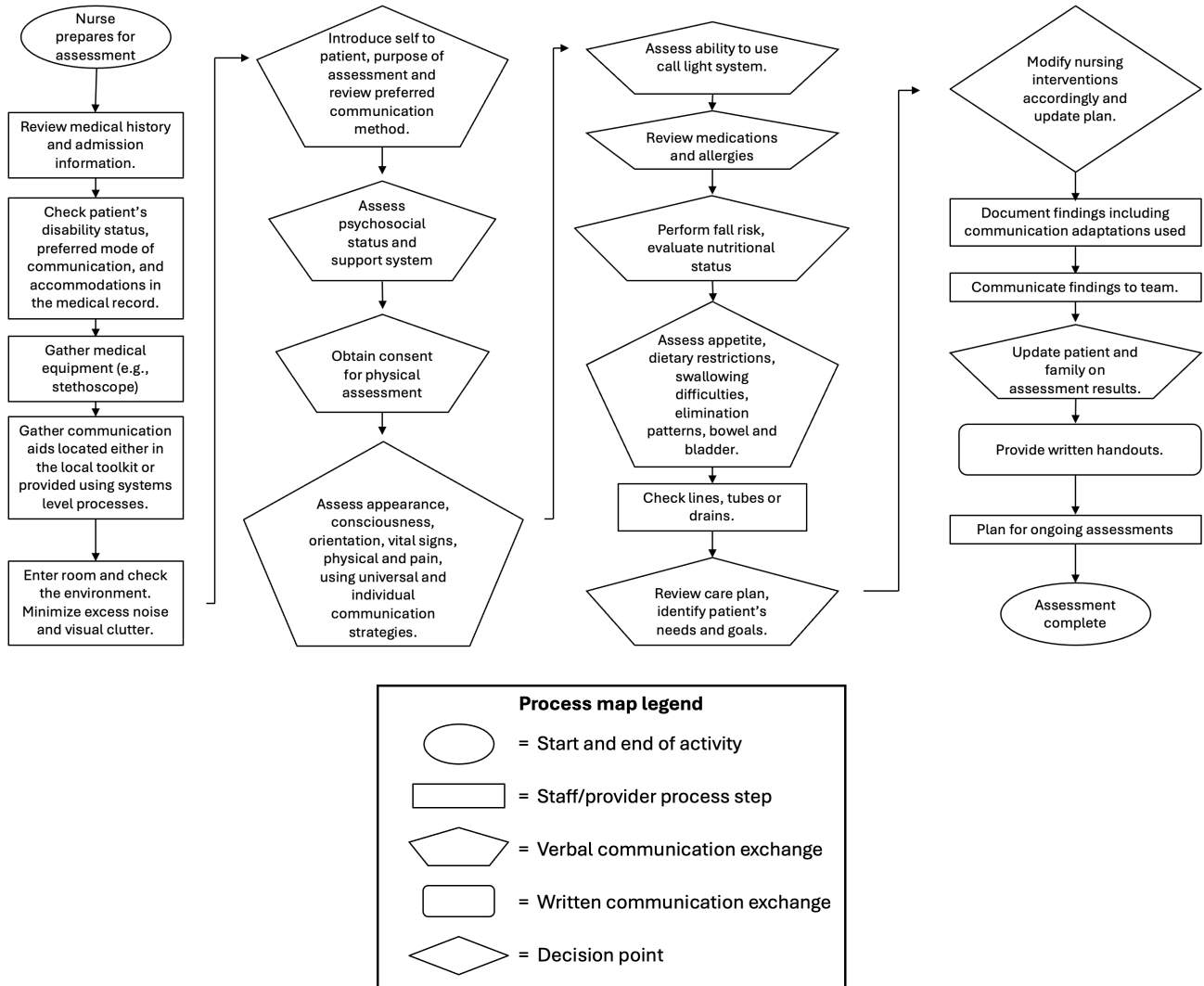
Yes. Effective communication laws apply to caregivers with disabilities when they are involved in a patient's care or decision-making.



Appendix 4.11

*Effective
Communication
Process Map*

Figure 1. Example of a process map for an inpatient nursing assessment with verbal and written communication exchanges specified





Appendix 4.12

*Effective
Communication
Barriers and
Strategies*

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Below is a list of potential barriers that might be encountered when implementing effective communication. The far-right column lists implementation strategies to address the barriers. You could use one or a combination of the implementation strategies listed for each barrier.

Refer to the [Expert Recommendations for Implementing Change \(ERIC\) Discrete Implementation Strategies Table](#) for descriptions of each strategy.

Category of Barrier	Barriers to Effective Communication	Possible Implementation Strategies
Leadership, staff, and provider attitudes, knowledge and comfort.	Not seen as priority Not viewed as required Not viewed as valuable	<ul style="list-style-type: none"> Identify and prepare champions who advocate for providing effective communication accommodations within their teams Promote adaptability: Identify ways the process of providing communication accommodations can be tailored to meet individual clinic or unit needs Provide ongoing consultation and check-ins via Disability Coordinator, legal team, or other champions Educate/train on legal requirements, implications for patient satisfaction, patient and workforce safety, etc. Use reminders (electronic health record alerts, tents, signs) Audit and provide feedback Kudos to high performing staff/clinicians/sites
	Insufficient buy-in or being “voluntold”	<ul style="list-style-type: none"> Identify and prepare champions Promote adaptability Educate/train on legal requirements, implications for patient satisfaction, patient and workforce safety, etc. Use reminders (electronic health record alerts, tents, signs) Audit and provide feedback Kudos to high performing staff/clinicians/sites
	Discomfort with providing accommodations	<ul style="list-style-type: none"> Identify and prepare champions Provide ongoing consultation and check-ins Provide training on use of communication accommodations Provide staff and providers with tools (scripts, cheat sheets, quick guides) Use reminders (electronic health record alerts, tents, signs) Collect data (via patient experience surveys) related to provision of effective communication accommodations and relay to responsible individuals/roles Kudos to high performing staff/clinicians/sites Identify and celebrate early adopters
	Lack of knowledge about disability competency, language, preferences	<ul style="list-style-type: none"> Identify and prepare champions Provide ongoing consultation and check-ins Provide training Provide staff and providers with tools (scripts, cheat sheets, quick guides)

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Staff and provider knowledge and comfort: Workflow and logistics	<p>Hesitance to ask because do not know how to provide</p> <p>Or</p> <p>System/clinic might not have the needed accommodation</p>	<ul style="list-style-type: none"> Assess staff readiness for providing communication accommodations and identify local barriers/factors contributing to hesitancy Workflow mapping Identify and prepare champions Provide ongoing consultation and check-ins Establish centralized technical assistance (i.e., how to use an accommodation) Educate staff on available communication accommodations and processes for requesting one in their unit Provide staff and providers with tools (e.g., scripts, cheat sheets, quick guides) Use reminders (electronic health record alerts, tents, signs) Audit and provide feedback Kudos to high performing staff/clinicians/sites Patient-facing educational materials listing which communication accommodations are available Identify early adopters
	<p>Lack of awareness that patients need accommodations or that the team is required to provide accommodations</p>	<ul style="list-style-type: none"> Identify and prepare champions Provide ongoing consultation and check-ins Provide training on use of communication accommodations Educate staff on legal requirements, implications for patient satisfaction, patient and workforce safety, etc. Use reminders (EHR alerts, tents, signs)
	<p>Lack of knowledge about how to use the accommodation, including how to keep staff and clinicians up to date with knowledge about accommodations</p>	<ul style="list-style-type: none"> Establish centralized technical assistance Provide training on use of communication accommodation Use train-the-trainer strategies Provide ongoing consultation and check-ins Identify and prepare champions Identify early adopters Audit and provide feedback Provide staff and providers with tools (scripts, cheat sheets, quick guides) Use reminders (EHR alerts, tents, signs)
	<p>Challenges coordinating across departments and roles</p>	<ul style="list-style-type: none"> Change record systems/EHR Designate a formal implementation team Conduct a needs assessment that assesses readiness and identifies local barriers to providing communication accommodations Develop a formal implementation blueprint Workflow mapping Identify and prepare champions Promote adaptability Provide ongoing consultation and check-ins Establish centralized technical assistance Provide training Relay clinical data (i.e., what percentage of patients who received a communication accommodation were able to access care) to responsible individuals/roles Review staff performance data (i.e., how often a requested accommodation was provided) to inform changes

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		<ul style="list-style-type: none"> Promote network weaving by strengthening relationships and collaboration within and outside of the organization, departments, or units
Workflow and logistics	Limited time, budget and resources available	<ul style="list-style-type: none"> Conduct a needs assessment Workflow mapping Identify and prepare champions Promote adaptability Provide ongoing consultation and check-ins Establish centralized technical assistance Provide staff and providers with tools (scripts, cheat sheets, quick guides) Audit and provide feedback Reexamine the implementation plan Identify early adopters Reallocate resources or advocate to reallocate resources with leadership Access new funding (e.g., identify internal and external grant opportunities for larger items) Use data to document need (see Chapter 2: Documenting Disability Status and Accommodation Needs)
	Competing demands and can put additional burden on the organization	<ul style="list-style-type: none"> Conduct a local needs assessment Workflow mapping Identify and prepare champions Promote adaptability Provide ongoing consultation and check-ins Establish centralized technical assistance Provide staff and providers with tools (scripts, cheat sheets, quick guides) Use reminders (electronic health record alerts, tents, signs) Relay clinical data to responsible individuals/roles Review performance data to inform changes Audit and provide feedback Kudos to high performing staff/clinicians/sites Identify early adopters
	Not assigned responsibility for tasks	<ul style="list-style-type: none"> Change record systems/EHR Designate a formal implementation team Conduct a needs assessment Develop a formal implementation blueprint Workflow mapping Identify and prepare champions Promote adaptability Provide ongoing consultation and check-ins Establish centralized technical assistance Relay clinical data to responsible individuals/roles Review performance data to inform changes Audit and provide feedback

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Patient-level challenges	Patients are unaware that they have the right to accommodations	<p>Implementation strategies directed at clinicians and clinics:</p> <ul style="list-style-type: none"> • Use reminders (EHR alerts, tents, signs) • Establish centralized technical assistance • Provide training to staff on patients' rights to accommodations, accommodations available in the organization, and how to share with patients • Provide staff and providers with tools (scripts, cheat sheets, quick guides) addressing patients' rights • Create and distribute patient-facing educational materials • Prepare patients/consumers to be active participants • Obtain and use patients/consumers and family feedback
	Patients are unsure of what communication accommodations are available	<ul style="list-style-type: none"> • Provide centralized technical assistance on available accommodations. • Create and distribute patient-facing educational materials
	Patients are unsure of what communication accommodations they would benefit from	<ul style="list-style-type: none"> • Provide staff and providers with tools (e.g., scripts, cheat sheets, quick guides) to educate patients • Create and distribute patient-facing educational materials



Appendix 4.13

*Effective
Communication
Monitoring
Progress and
Adaptations*

Use this section to create a customized plan to track progress and adaptations made to your original implementation plan. In this plan, include a space to describe what changes or adaptations were made to the original implementation plan and the reason for the adjustment. Below are a few examples of adaptations that could be tracked.

WHO is responsible for reviewing this monitoring plan and HOW often will it be reviewed?

HAVE practice leaders proactively remove organizational barriers to implementing effective communication procedures?

- Not started
- Just beginning
- Actively addressing
- Completed

WHAT stage is the practice at in adopting an effective communication policy?

- Not started
- Just beginning
- Actively addressing
- Completed

HOW often are patients provided the communication accommodations they request (best estimate)?

- Never
- Up to 25% of the time
- 26-50% of the time
- 51-75% of the time
- 76% of the time or more

HOW soon are accommodations provided after a patient's request?

- Minutes:
- Hours:
- Days:
- Other: _____

When the requested accommodations are not provided or there are significant delays in providing them, what are the most common reasons?

- Lack of awareness
- Workflow barriers
- Staffing limitations
- Technology issues
- Budget constraints
- Other: _____

ARE there standardized protocols within the practice workflow to provide communication accommodations?

- Not started
- Just beginning
- Actively addressing
- Completed

IS the practice asking patients their preferred communication strategies and utilizing effective communication strategies?

- Not started
- Just beginning
- Actively addressing
- Completed

WHAT modifications have been made to the original implementation plan across your organization and at each site?

- When?
- Why?
- Who requested the modification? Who executed the modification?
- How has this improved implementation?