

**CATHOLIC CHARITIES INDIANAPOLIS INC.
AGENCY POLICIES AND PROCEDURES**

Policy Name:	Written and Oral Communication Needs of Client/Participant/Representative
Domain:	Administration and Management 7.2
Policy Location:	www.archindy.org/intranet/shared/cci/index.html
Date of Adoption:	2001
Dates of Revision:	01/08; 2/11; 5/14; 6/17; 3/21
References:	Interpreting and Translating Request Form

POLICY: Catholic Charities Indianapolis designs and adapts its programs and services, as appropriate, to accommodate the visual, auditory, linguistic, and motor abilities of persons served. CCI accommodates for written and oral communication needs of client/participant/representative by providing or arranging for interpreters or translators or arranging for the use of communication technology as needed, including telephone amplification, sign language services, or other communication methods for deaf or hearing-impaired persons.

An interpreter is a person who provides oral translation between speakers who speak different languages. A translator is someone who translates a written document from one language to another.

CCI also provides and arranges communication assistance for persons with special needs who have difficulty making their service needs known and considering the person's literacy level.

Procedures:

1. If there is a need for interpreted or translated information, CCI personnel will complete the agency request form for interpreter/translator services.
2. The request form should then go to Service Line Director/designee for review and approval.
3. Once a decision has been made to use an interpreter/translator that individual will be identified as either being a CCI workforce member (i.e. Bilingual employee, a contract interpreter, or a volunteer) or an external interpreting resource service.
4. When using interpreter/translator services, in Individual, Couple & Family Counseling and Adult Day Services, CCI may use and disclose protected health information regarding an individual without an individual's authorization as a health care operation, in accordance with the HIPAA privacy rule, in the following ways:
 - when the interpreter/ translator is a member of CCI's workforce (i.e. Bilingual employee, a contract interpreter, or a volunteer)
 - when CCI engages the services of a person or entity that is not a part of our workforce, to perform interpreter/translator services on its behalf, as a business associate
5. When an individual chooses to use their own interpreter/translator service at their expense/association, CCI may reasonably conclude that the individual has chosen to be assisted by the interpreter/translator and by the individuals willingness to continue the service encounter using the interpreter/translator, may reasonably infer that the individual does not object to the disclosure of protected health information.

David J. Bethuram

David J. Bethuram
Executive Director

4/20/2021

Date

Catholic Charities Indianapolis Inc.
Interpreting and Translating Service Request Form

Person requesting service: _____ Title: _____ Date _____

Person needing service: _____ Program _____

Date Service needed: _____

Type of Service Requested: Interpreter (oral) Translation (written)

Language: _____

Approved by: _____ Title: _____

Date: _____

Interpreter/Translator Name: _____

Program/ Organization: _____

Date Scheduled: _____