

SENT VIA REGULAR & CERTIFIED MAIL

INSERT DATE

Hospital Administrator
or
Patient Relations Director
PUT IN ADDRESS

Re: **NAME OF CLIENT**
Communication Accessibility/ADA/504/NJLAD Violations

Dear **INSERT NAME**:

Please be advised that I am writing this letter on behalf of **INSERT NAME** who is a patient at your hospital. **INSERT NAME** is also deaf and communicates primarily through American Sign Language. It is my understanding that **INSERT NAME** has requested that an interpreter be provided to him/her and that your hospital has refused to provide him/her with this accommodation.

INSERT NAME has been unable to understand or participate in any way in his/her medical treatment, diagnosis, or prognosis due to your hospital's lack of accommodation of his/her disability.

(If applicable)

INSERT NAME had a **INSERT PROCEDURE** which is a very serious condition and his/her inability to truly understand the treatment and/or therapy given and the reasons for such treatment have led to great stress and anguish.

(If applicable)

INSERT SPOUSE NAME who also communicates primarily through American Sign Language is making major health decisions as well as signing consent forms for his/her wife/husband which he/she does not understand. This has also led to great stress and anguish for him/her.

Mr. and Mrs. **INSERT NAME** are not capable of informed consent without an interpreter. In these circumstances, nor can your doctors claim they have informed the patient without one. It is my understanding that an interpreter has not been provided during the past **INSERT DATE(S) OF TREATMENT**, nor has *(if applicable)* a closed captioning device and/or a videophone for the deaf been provided.

(If applicable)

It is also my understanding that he/she has been a patient of your hospital several times for serious operations and/or lengthy stays over the past several years and that during these times no interpreters, closed captioning, and/or a TTY have been provided.

This letter is to advise you that you are in violation of Title III of the Americans with Disabilities Act, signed into law by President Bush in 1990, 28 C.F.R. Section 35.104, and the New Jersey Law Against Discrimination, N.J.S.A. 10-5:1 et seq. as well as the Rehabilitation Act of 1973, Section 504 if you receive any federal funds. As a public accommodation, you must be fully accessible to all individuals regardless of the disability. Further, you must ensure "effective communication" and this should be done with the use of a "qualified interpreter who can adequately, effectively, and impartially interpret both expressively and receptively using any specialized vocabulary". 28 C.F.R. Section 36.301(c) The Department of Justice states in Federal Regulations that the choice of the disabled person should be given due consideration and that it is "not difficult to image a wide range of situations including health which are lengthy or complex" enough to require a sign language qualified interpreter. 56 Fed. Reg. at 35567, 35712. Further the regulations specifically stat that the cost of the interpreter may not be charged to the deaf patient. In addition, the Department of Justice found that it is inappropriate for family members to interpret as they can be neither impartial nor uninvolved, thus a qualified professional interpreter is needed. Enclosed please find relevant materials and literature for your information from the National Center for Law and Deaf and the New Jersey Department of Human Services.

Please be advised that the New Jersey Division of the Deaf and Hard of Hearing, a state agency in Trenton, has an Interpreter Referral Service, whereby qualified interpreters may be obtained as well as further information on the ADA or 504. The telephone number for the Division of the Deaf and Hard of Hearing is (609) 984-7281. Their hours of operation are Monday thru Friday from 8:30 AM to 4:30 PM.

Another option is to contact ASL Interpreter Referral Service, Inc. toll-free at (800) 275-7551. They are available 24 hours a day, 365 days a year.

Please review this matter and notify my office immediately.

If we do not hear from you and if **INSERT NAME** continues to be discriminated against, further legal action may be taken. Thank you in advance for your attention to this matter.

Very truly yours,