

# Providing Culturally and Linguistically Appropriate Practices

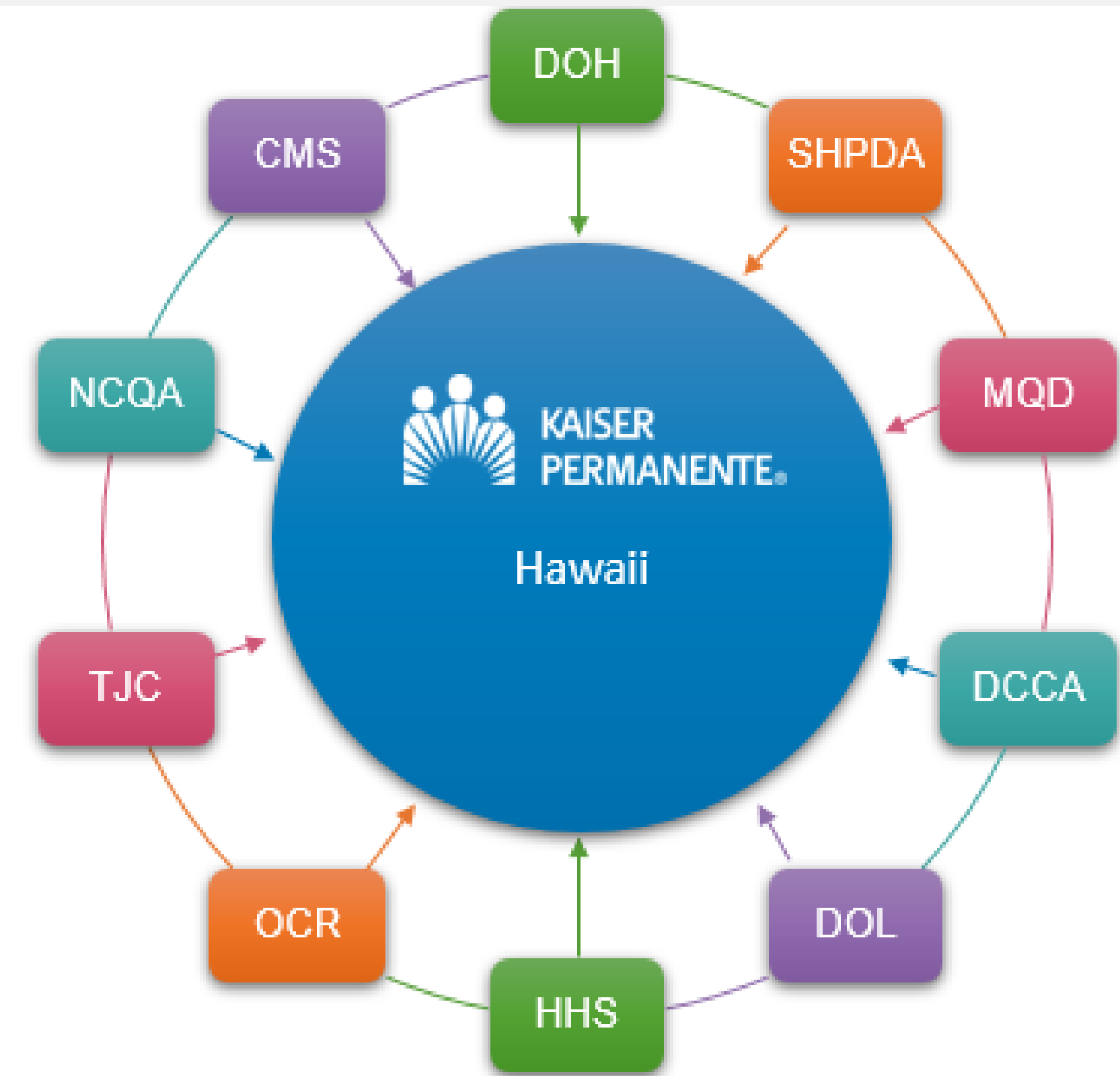
Kaiser Permanente Hawaii  
Annual Regional Mandatory Training

# Interpreter Services Guidelines

1. KP must provide interpretation services that are free of charge and available 24 hours/day, 7 days/week, all hours of operation.
2. KP staff must always offer patients free interpreter services and **document the use or refusal** of such services when the patient has self-identified a **non-English language preference**.
3. Members/Patients may not be asked to bring their own interpreter.
4. The **use of adult family member or friends** as interpreters is **highly discouraged**.
5. Minor children cannot be used as interpreters except in extraordinary situations such as medical emergencies where any delay could result in harm to a member/patient, and only until a qualified interpreter is available.

## Compliance: Laws and Regulations

- **Equal access:** KP provides equal access to health care services to all members and patients, including Limited English Proficient (LEP) individuals and Individuals with disabilities.
- **Regulatory requirements:** Health Plans, Hospitals, and Medical Groups are subject to a myriad of regulatory and accreditation requirements in the areas of nondiscrimination and language assistance.




## Policies and Procedures

To support the delivery of high-quality care and service to patients and to comply with federal and state regulations, KP Hawaii has adopted a set of policies and procedures for the Americans with Disabilities Act (ADA) and language assistance services.

- Providing Language Assistance – 1600-128C
- Equal Access to Services, Facilities and Programs - NATL.HPHO.008
- Non-Discrimination in the provision of Healthcare - NATL.HPHO.007

All policies are published in the KP Policy Library

# When a patient needs Language Assistance... What do you do?



## Interpreter Services

For Internal Use Only

**GUIDELINES FOR REQUESTING LANGUAGE ASSISTANCE**  
Kaiser Permanente offers free language assistance options that are free of charge and available during all hours of operation. Please utilize the vendor information below to schedule an interpreter or obtain translation services.

VENDOR	CONTACT INFO	HOURS	ADDITIONAL INFORMATION
<b>Video Interpretation</b>			
AMN Healthcare Language Services <b>American Sign Language and Select Spoken Languages</b>	N/A	Varies <a href="#">Video Language Hours</a>	Refer to device for availability of video languages. For audio languages, provide 6-digit Client ID <b>#250050</b> when prompted.
<b>Over the Phone Interpretation</b>			
Language Services Hawaii	808-892-3446	24/7	
Language Line	800-523-1786	24/7	Client ID # <b>250050</b>
United Language Group	855-346-4810	24/7	Client ID = Employee's NUID
<b>In-Person Interpretation</b>			
Language Services Hawaii <b>Spoken Languages</b>	808-892-3446	24/7	<i>Important Note: For in-person interpretation, the "Interpreter Services Utilization" form (#1039 6344) must be completed and signed by KP staff as proof that services were rendered. Completed form will be submitted with invoice for payment. KP staff are responsible for interfacing original (white) copy to Interpreter Services (Honolulu Medical Office Administration) and giving canary copy to the interpreter.</i>
Hawaii Interpreting Services <b>American Sign Language</b>	808-394-7706	24/7	
<b>Deaf/Hard of Hearing</b>			
Relay Hawaii	711 877-447-5990 English 877-447-7261 Spanish	24/7	A TTY or Text Telephone is a special device that lets people who are deaf, hard of hearing, or speech-impaired use the telephone to communicate, by typing messages.
<b>Translation Vendors (Written Translation)</b>			
For non-PHI requests: Email <a href="mailto:Document.Services@kp.org">Document.Services@kp.org</a>		For PHI requests: Contact approved vendors. <a href="#">Translation Vendors</a>	
<b>Assistive Devices</b>			
Hearing amplifiers and alternative communication devices may be available. Contact your supervisor.			

**INTERPRETATION / LANGUAGE ASSISTANCE SERVICES**

- Interpretation services must be provided free of charge and made available 24 hours a day, 7 days a week for limited English proficient patients/caregivers.
- Limited English proficient patients/caregivers must be offered interpreter services free of charge. The use or refusal of such services must be documented in the patient's medical record.
- Members/Patients are not to be asked to bring their own interpreter.
- The use of adult family member/friends as interpreters is highly discouraged. A patient may opt to use a family member/friend (age 18 or older) to interpret. However, a Provider can elect to have a qualified interpreter present to ensure effective communication occurs.
- Persons under the age of 18 should not be used as interpreters except in extraordinary situations, for example, a medical emergency where any delay could result in harm to a patient and only until a qualified interpreter is available.
- Use or refusal of language assistance services must be documented in the patient's medical record or chart, this includes when the patient uses a family or friend and minors in emergency situations.


**DOCUMENTATION**

The following must be documented in the patient's medical record:

- Language preferences (written, spoken and interpreter need) when obtaining healthcare/medical services.
- The use or refusal of interpreter services at each encounter.
- The type of interpreter services provided (i.e. over the phone, in person, etc.) and the contracted interpreter's ID number and/or name, and/or the family/friend's name/association.
- Language preferences (written, spoken and interpreter need) of the patient's caregiver, guardian or legal decision maker, as applicable.
- Race and ethnicity (as self-identified by the patient).
- The utilization of auxiliary aids and alternative formats, including glasses and hearing aids.
- **Scheduling/Cancelling Appointments:** In the appointment notes, document the request for interpreter to include vendor name, date requested and requestor's initials. If appointment is cancelled or rescheduled, call vendor to request a change and/or cancellation of the interpreter request. Document in the appointment notes. Note: a vendor must be notified 24 hours in advance to avoid charges.

**Questions?** For issues with obtaining interpreters, please contact your manager. If you are having technical difficulties, please contact the Help Desk at 808-432-4100. For any other questions, please contact Honolulu Clinic Admin at 808-432-2250.

1027 3552.1 March 2025

 KAISER PERMANENTE

When accessing language assistance services, the following order should be used\*:

## Spoken Language

1. Contracted Video Interpreter
2. Contracted Phone Interpreter
3. Contracted In Person Interpreter

## American Sign Language

1. Contracted Video Interpreter
2. Contracted In-person Interpreter

*\*Unless patient specifies otherwise*

# Interpreter Services

For Internal Use Only

## GUIDELINES FOR REQUESTING LANGUAGE ASSISTANCE

Kaiser Permanente offers free language assistance options that are free of charge and available during all hours of operation. Please utilize the vendor information below to schedule an interpreter or obtain translation services.

VENDOR	CONTACT INFO	HOURS	ADDITIONAL INFORMATION
Video Interpretation			
AMN Healthcare Language Services <b>American Sign Language and Select Spoken Languages</b>	N/A	Varies <a href="#">Video Language Hours</a>	Refer to device for availability of video languages. For audio languages, provide 6-digit Client ID <b>#250050</b> when prompted.
Over the Phone Interpretation			
Language Services Hawaii	808-892-3446	24/7	
Language Line	800-523-1786	24/7	Client ID # <b>250050</b>
United Language Group	855-346-4810	24/7	Client ID = Employee's NUID
In-Person Interpretation			
Language Services Hawaii <b>Spoken Languages</b>	808-892-3446	24/7	<b>Important Note:</b> For in-person interpretation, the "Interpreter Services Utilization" form (#1039 6344) must be completed and signed by KP staff as proof that services were rendered. Completed form will be submitted with invoice for payment. KP staff are responsible for interofficing original (white) copy to Interpreter Services (Honolulu Medical Office Administration) and giving canary copy to the interpreter.
Hawaii Interpreting Services <b>American Sign Language</b>	808-394-7706	24/7	
Deaf/Hard of Hearing			
Relay Hawaii	711 877-447-5990 English 877-447-7261 Spanish	24/7	A TTY or Text Telephone is a special device that lets people who are deaf, hard of hearing, or speech-impaired use the telephone to communicate, by typing messages.
Translation Vendors (Written Translation)			
For non-PHI requests: Email <a href="mailto:Document.Services@kp.org">Document.Services@kp.org</a>		For PHI requests: Contact approved vendors. <a href="#">Translation Vendors</a>	
Assistive Devices			
Hearing amplifiers and alternative communication devices may be available. Contact your supervisor.			

### INTERPRETATION / LANGUAGE ASSISTANCE SERVICES

- Interpretation services must be provided free of charge and made available 24 hours a day, 7 days a week for limited English proficient patients/caregivers.
- Limited English proficient patients/caregivers must be offered interpreter services free of charge. The use or refusal of such services must be documented in the patient's medical record.
- Members/Patients are not to be asked to bring their own interpreter.
- The use of adult family member/friends as interpreters is highly discouraged. A patient may opt to use a family member/friend (age 18 or older) to interpret. However, a Provider can elect to have a qualified interpreter present to ensure effective communication occurs.
- Persons under the age of 18 should not be used as interpreters except in extraordinary situations, for example, a medical emergency where any delay could result in harm to a patient and only until a qualified interpreter is available.
- Use or refusal of language assistance services must be documented in the patient's medical record or chart, this includes when the patient uses a family or friend and minors in emergency situations.

### DOCUMENTATION

The following must be documented in the patient's medical record:

- Language preferences (written, spoken and interpreter need) when obtaining healthcare/medical services.
- The use or refusal of interpreter services at each encounter.
- The type of interpreter services provided (i.e. over the phone, in person, etc.) and the contracted interpreter's ID number and/or name, and/or the family/friend's name/association.
- Language preferences (written, spoken and interpreter need) of the patient's caregiver, guardian or legal decision maker, as applicable.
- Race and ethnicity (as self-identified by the patient).
- The utilization of auxiliary aids and alternative formats, including glasses and hearing aids.
- **Scheduling/Cancelling Appointments:** In the appointment notes, document the request for interpreter to include vendor name, date requested and requestor's initials. If appointment is cancelled or rescheduled, call vendor to request a change and/or cancellation of the interpreter request. Document in the appointment notes. Note: a vendor must be notified 24 hours in advance to avoid charges.

**Questions?** For issues with obtaining interpreters, please contact your manager. If you are having technical difficulties, please contact the Help Desk at 808-432-4100. For any other questions, please contact Honolulu Clinic Admin at 808-432-2250.