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CLIENT RIGHTS AND SERVICES**

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**CLIENT RIGHTS AND SERVICES**

No person can be denied treatment that is available and medically indicated on the basis of religion, age, sex, race, color, creed, national origin, handicap, number of pregnancies, marital status, contraceptive preference, or the source of payment for her/his care. [42 CFR 59.5(a)(4)]

Services are provided without a residency requirement or a physician referral. [42 CFR 59.5(b)(5)]

Clients cannot be denied services because of inability to pay. (Program Guidelines 6.3, p.7)

**VOLUNTARY PARTICIPATION POLICY**

**Client** acceptance of family planning services must be voluntary, and individuals may not be subjected to coercion either to receive services or to **use or not to use any** particular method of family planning. Acceptance of family planning services must not be made a prerequisite to eligibility for, or receipt of, any other services **or** assistance from or participation in any other program of the **delegate agency**. (Program Guidelines 5.1, p.5) [42 CFR 59.5(a)(2)]

**Agency personnel must be informed that they may be subject to prosecution if they coerce or they try to coerce any person to undergo abortion or sterilizations procedures.** (Program Guidelines 5.1, p.5) [42 CFR 59.5(a)(2)]

**CONFIDENTIALITY**

All programs must ensure client confidentiality. Safeguards must be provided for clients against invasion of personal privacy as required by the Health Insurance Portability and Accountability Act (HIPAA). **Agencies must have policies in place regarding their compliance with HIPAA.**

All personal information obtained must be treated as privileged communication, held confidential, and divulged only upon the recipient's written consent, except when necessary to provide services to the recipient, seek reimbursement for services, or in compliance with mandatory reporting regulations. **Personal information may also be shared when an interpreter is used.** **Agencies** must ensure that all participating providers preserve the confidentiality of **client** records. Information may be disclosed in summary, statistical, or other forms that do not identify specific recipients.

Every effort should be made to have all written and verbal exchanges between clients and clinical or clerical staff kept private.

For more information on protecting the privacy of client's health information go to Section 1.2- Title X Federal Regulations and Federal and State Law, or to <http://www.hhs.gov/ocr/hipaa>

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**ADOLESCENT SERVICES**

Refer to Section 1.2 – Title X Federal Regulations and Federal and State Law of the Administrative Manual and Section 1.10 – Adolescent Services of the Nursing Manual for information on confidentiality, encouraging family involvement, resisting sexual coercion, and mandatory reporting as related to adolescents.

**BILL OF RIGHTS FOR CLIENTS**

All agencies must have a Bill of Rights for clients posted or given to clients in writing. **Agencies may use the Bill of Rights provided below, or use their own version. If using their own version, it must include all the points on the Bill of Rights below.**

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The following is a sample of a Bill of Rights for clients. This form can be downloaded from the CDPHE Family Planning Program website at:

<http://www.cdphe.state.co.us/pp/womens/FPNursingConsntsForms.html>.

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**Bill of Rights for Clients**

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***You have the right to:***

**Privacy**

- A private environment will be provided for counseling and services.

**Confidentiality**

- Personal information will remain confidential (including care, treatment, and personal records) except when the clinic is required by law to report information such as physical or sexual abuse of minors, physical signs of domestic violence and positive results for some sexually transmitted infections.

**Access**

- Care will be provided regardless of age, race, color, creed, national origin, handicap, number of pregnancies, marital status, **birth control** preference, or source of payment for care.
- **If needed, you will be provided access to an interpreter at no charge.**

**Respect**

- You will be treated with consideration and respect.

**Information**

- You will be told about your medical care and treatment plan in a way you can understand, **in a language you can understand.**
- You will be told about where to go for services if there is an emergency or the clinic is closed.
- You should ask questions if you don't understand.
- You will be told about any fees charged for services.

**Choice**

- You may decide freely whether to use birth control and which methods to use.

***We expect you to:***

- Give truthful and accurate information about your health and finances.
- Follow a treatment plan if you are given one.
- Follow through with referrals you are given.
- Give your opinion about the services received and suggest changes.

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**PROVISION OF LANGUAGE ASSISTANCE SERVICES TO CLIENTS WITH LIMITED  
ENGLISH PROFICIENCY (LEP)**

A frequent cause of discrimination on the basis of national origin in a health care setting that may violate Title VI of the Civil Rights Act of 1964 is a delegate agency's method of communicating with clients and other persons who, because of their national origin, have limited proficiency in speaking or understanding English.

**Definition of Limited English proficient individuals:**

“Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English may be LEP and may be eligible to receive language assistance with respect to the particular service, benefit, or encounter.”<sup>1</sup>

Agencies which are recipients of federal funding, such as Title X delegate agencies, have an obligation under 45 C.F.R. Section 80.3(b)(2) to ensure that individuals with limited proficiency in English because of their national origin have a meaningful opportunity to apply for, receive or participate in, or benefit from the services offered. General federal information and guidance is provided first, and is followed by recommendations and guidance from CDPHE and Title X for complying with these requirements.

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES LEP GUIDANCE**

The U.S. Department of Health and Human Services has published revised “Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient (LEP) Persons”. A summary of this guidance is available at

<http://www.hhs.gov/ocr/civilrights/resources/laws/summaryguidance.html> or agencies can contact the Office of Civil Rights Regional Office for Colorado:

Region VIII Office for Civil Rights  
U.S. Department of Health & Human Services  
1961 Stout Street - Room 1426  
Denver, CO 80294  
(303) 844-2024; (303) 844-3439 (TDD)  
(303) 844-2025 FAX

This summary guidance provides helpful topics such as:

- Legal authority
- Definition of limited English proficient individuals
- Factors used to determine the Title VI obligation to ensure meaningful access for LEP persons
- Use of family members and friends
- Vital documents
- Elements of an effective language assistance plan
- Voluntary compliance effort
- For more information

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<sup>1</sup> <http://www.dhhs.gov/ocr/civilrights/resources/laws/summaryguidance.html>

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A copy of the Guidance can be printed from OCR's website at <http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/index.html>

**U.S. DEPARTMENT OF JUSTICE  
LANGUAGE ACCESS ASSESSMENT AND PLANNING TOOL**

The U.S. Department of Justice issued a document entitled “Language Access Assessment and Planning Tool for Federally Conducted and Federally Assisted Programs” to assist federally conducted and federally assisted programs (such as Title X delegate agencies) to ensure meaningful access to LEP individuals.

[http://www.lep.gov/resources/2011\\_Language\\_Access\\_Assessment\\_and\\_Planning\\_Tool.pdf](http://www.lep.gov/resources/2011_Language_Access_Assessment_and_Planning_Tool.pdf)

The purpose of this document is to provide further assistance to recipients regarding their Title VI obligations. The document provides the following helpful information, which agencies can use to help them meet the requirement to ensure meaningful use to LEP individuals:

- I. Overview
- II. Self-Assessment and Considerations for Your Plan (pages 3-14)
  - A. Guidance Regarding Self-Assessments
  - B. A Sample Self-Assessment
- III. Developing Language Access Directives, Plans, and Procedures (pages 15-21)
  - A. Components of a Language Access Program
  - B. Appointing a Language Access Coordinator or Other Responsible Personnel
  - C. Community Outreach and Disseminating Language Assistance Services Information

**ADDITIONAL CDPHE AND TITLE X GUIDANCE ON SERVING LEP CLIENTS**

In addition to the federal guidance on providing meaningful access to the LEP individuals, the Prevention Services Division of CDPHE (of which the Family Planning Program is a part) is working on creating guidance entitled “Getting Started – Recommendations for Addressing Language Access”. The guidance will include helpful information on topics such as:

- Considerations for the types of language services available.
- Recommendations for basic operation.

Once complete, this guidance should be posted at [www.cohealthsource.org](http://www.cohealthsource.org) . The guidance will also be sent to all Family Planning Coordinators.

Below is additional guidance from Title X and the CDPHE Family Planning Program on providing meaningful access to family planning services to LEP clients.

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**Language and Literacy Comprehension**

Title X guidelines specify that agencies should have a mechanism to determine if client education given has been understood (Program Guideline 8.1, p. 17). However, this guideline can be expanded to any information (not just client education) that is given to an LEP client.

- a. Clients should be encouraged to ask questions regarding the clinic visit and all of the information covered.
- b. Delegate agency staff should assess client understanding by utilizing open-ended questions and asking the client to, in his or her own words:
  - 1) Repeat instructions for specific method use,
  - 2) Repeat warning signs and what to do if they appear, and
  - 3) Repeat instructions for follow-up recommendations.

**Spoken Communication/Interpretation**

Agencies should determine the need for an interpreter when a client requests services (either over the phone or in person).

Ideally, interpreters should be 1) the same gender as the client, 2) knowledgeable about family planning, 3) fluent in the language needed, as well as English, speaking the same dialect as client, if possible, and 4) aware of confidentiality requirements.

If the client desires to provide his or her own interpreter, the agency must inform the client that an interpreter will be provided to the client at no charge if the client requests. In an instance where a client brings someone for the express purpose of interpreting and no professional and qualified interpreter is available, he or she may be used, but it must be documented in the client record. The client should sign a waiver acknowledging that they decline to use the free interpreter and instead choose to use their own interpreter. This waiver should include information such as agency name and location; date of service; a statement that the client understands his/her right to a free interpreter, but that he/she instead chooses to use their own interpreter; and the name of the person he/she have chosen to use as the interpreter. The waiver should then be signed by the client, provider and interpreter. It is advisable that the client's interpreter be counseled to repeat and interpret all discussions and counseling verbatim. The clinician should be aware that there may be greater potential for liability for inaccurate interpretations when using an unlicensed interpreter. There may also be greater potential for the client to not accurately report his/her history for sexually transmitted infections (STIs), numbers of sexual partners, or other sensitive issues.

**Consent Forms**

Method-specific consent forms must be written in a language understood by the client or translated and witnessed by an interpreter (Program Guidelines 8.1, p. 17).

When an interpreter is used to help the client understand the consent(s), the interpreter must also sign the consent(s) and write "interpreter" in parentheses. In cases where interpretation is provided over the phone, this should be documented on the consent(s) in lieu of the interpreter's signature.

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**DEVELOPING AN EFFECTIVE COMMUNICATION PROCEDURE**

**Agencies should create written procedures for communicating with persons with limited English proficiency. The procedures should reflect the specific kinds of services provided and the particular administrative practices of each agency. An example policy and procedure for effective communication with persons of limited English proficiency follows. This policy covers the important aspects of communicating with LEP clients that agencies should have in place.**

**Agencies have the obligation to provide interpreters at no cost to the LEP person. Agencies must not imply that clients or prospective clients must furnish their own interpreters or bring a family member or friend to interpret as a convenience or a condition of receiving services.**

**Agencies should regularly notify and train all staff on these policies and procedures. Such a procedure will be effective only if staff understand the reason for it and how to use it. Management's task is to bring this about through training and direction.**

**Agencies should make formal arrangements with individuals or organizations to obtain the services of qualified interpreters when needed. This may take whatever form is agreeable to both parties, such as a contract, a written agreement, or a memorandum of understanding.**

*The following is an example procedure for effective communication with persons of limited English proficiency. This example can be downloaded from the CDPHE Family Planning Program website at: <http://www.cdphe.state.co.us/pp/womens/FPNursingConsntsForms.html>*

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***Example of a Policy and Procedure for Providing Meaningful Communication with Persons with Limited English Proficiency***

**POLICY AND PROCEDURES FOR COMMUNICATION WITH PERSONS WITH LIMITED ENGLISH PROFICIENCY**

**POLICY:**

***(Insert name of your facility)*** will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits. The policy of ***(Insert name of your facility)*** is to ensure meaningful communication with LEP clients and their authorized representatives involving their medical conditions and treatment. The policy also provides for communication of information contained in vital documents, including but not limited to, waivers of rights, consent to treatment forms, financial and insurance benefit forms, etc. ***(include those documents applicable to your facility)***. All interpreters, translators and other aids needed to comply with this policy shall be provided without cost to the person being served, and clients and their families will be informed of the availability of such assistance free of charge.

Language assistance will be provided through use of competent bilingual staff, staff interpreters, contracts or formal arrangements with organizations providing interpretation or translation services, or technology and telephonic interpretation services. All staff will be provided notice of this policy and procedure, and staff that may have direct contact with LEP individuals will be trained in effective communication techniques, including the effective use of an interpreter.

***(Insert name of your facility)*** will conduct a regular review of the language access needs of our patient population, as well as update and monitor the implementation of this policy and these procedures, as necessary.

**PROCEDURES:**

**1. IDENTIFYING LEP PERSONS AND THEIR LANGUAGE**

***(Insert name of your facility)*** will promptly identify the language and communication needs of the LEP person. If necessary, staff will use a language identification card (or “I speak cards,” available online at [www.lep.gov](http://www.lep.gov)) or posters to determine the language. In addition, when records are kept of past interactions with clients or family members, the language used to communicate with the LEP person will be included as part of the record.

**2. OBTAINING A QUALIFIED INTERPRETER**

***(This procedure will vary depending on the organization) (Identify responsible staff person(s), and phone number(s))*** is/are responsible for:

**(a)** Maintaining an accurate and current list showing the name, language, phone number and hours of availability of bilingual staff ***(provide the list)***;



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**(b)** Contacting the appropriate bilingual staff member to interpret, in the event that an interpreter is needed, if an employee who speaks the needed language is available and is qualified to interpret;

**(c)** Obtaining an outside interpreter if a bilingual staff or staff interpreter is not available or does not speak the needed language.

**(Identify the agency(s) name(s) with whom you have contracted or made arrangements)** have/has agreed to provide qualified interpreter services. The agency's (or agencies') telephone number(s) is/are **(insert number (s))**, and the hours of availability are **(insert hours)**.

Some LEP persons may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the LEP person will not be used as interpreters unless specifically requested by that individual and **after** the LEP person has understood that an offer of an interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented in the person's file. If the LEP person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided to the LEP person.

Children and other patients will **not** be used to interpret, in order to ensure confidentiality of information and accurate communication, unless requested by the LEP person.

**3. PROVIDING WRITTEN TRANSLATIONS**

**(a)** When translation of vital documents is needed, **(insert name of your facility)** will submit documents for translation into frequently-encountered languages to **(identify responsible staff person)**. Original documents being submitted for translation will be in final, approved form with updated and accurate legal and medical information. **(Identify the agency(s) name(s) with whom you have contracted or made arrangements)** have/has agreed to provide qualified translation services. The agency's (or agencies') telephone number(s) is/are **(insert number (s))**.

**(b)** Facilities will provide translation of other written materials, if needed, as well as written notice of the availability of translation, free of charge, for LEP individuals.

**(c)** **(Insert name of your facility)** will set benchmarks for translation of vital documents into additional languages over time.

**4. PROVIDING NOTICE TO LEP PERSONS**

**(Insert name of your facility)** will inform LEP persons of the availability of language assistance, free of charge, by providing written notice in languages LEP persons will understand. At a minimum, notices and signs will be posted and provided in intake areas and other points of entry, including but not limited to the emergency room, outpatient areas, etc. **(include those areas applicable to your facility)**. Notification will also be provided through one or more of the following: outreach documents, telephone

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voice mail menus, local newspapers, radio and television stations, and/or community-based organizations ***(include those areas applicable to your facility)***.

**5. MONITORING LANGUAGE NEEDS AND IMPLEMENTATION**

On an ongoing basis, ***(insert name of your facility)*** will assess changes in demographics, types of services or other needs that may require reevaluation of this policy and its procedures. In addition, ***(insert name of your facility)*** will regularly assess the efficacy of these procedures, including but not limited to mechanisms for securing interpreter services, equipment used for the delivery of language assistance, complaints filed by LEP persons, feedback from patients and community organizations, etc. ***(include those areas applicable to your facility)***.

*<Insert Date of Policy>*

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**DISCLOSURE OF PROTECTED HEALTH INFORMATION TO AN INTERPRETER**

*Information in this sub-section is cited directly from the Federal HHS HIPAA website<sup>2</sup>:*

Q. Must a covered health care provider obtain an individual's authorization to use or disclose protected health information to an interpreter?

A. No, when a covered health care provider uses an interpreter to communicate with an individual, the individual's authorization is not required when the provider meets the conditions below. Covered entities may use and disclose protected health information for treatment, payment and health care operations without an individual's authorization, 45 CFR 164.506(c). A covered health care provider might use interpreter services to communicate with clients who speak a language other than English or who **are deaf or hard of hearing**, and provision of interpreter services usually will be a health care operations function of the covered entity as defined at 45 CFR 164.501.

When using interpreter services, a covered entity may use and disclose protected health information regarding an individual without an individual's authorization as a health care operation, in accordance with the Privacy Rule, in the following ways:

- When the interpreter is a member of the covered entity's workforce (i.e., a bilingual employee, a contract interpreter on staff, or a volunteer) as defined at 45 CFR 160.103;
- When a covered entity engages the services of a person or entity, who is not a workforce member, to perform interpreter services on its behalf, as a business associate, as defined at 45 CFR 160.103. A covered entity may disclose protected health information as necessary for the business associate to provide interpreter services on the covered entity's behalf, subject to certain written satisfactory assurances set forth in 45 CFR 164.504(e). For instance, many providers - including those that are recipients of federal financial assistance and are required under Title VI of the Civil Rights Act of 1964 to take reasonable steps to provide meaningful access to persons with limited English proficiency -- will have contractual arrangements with private commercial companies, community-based organizations, or telephone interpreter service lines to provide such language services. If a covered entity has an ongoing contractual relationship with an interpreter service, that service arrangement should comply with the Privacy Rule business associate agreement requirements.

In addition, a covered health care provider may, without the individual's authorization, use or disclose protected health information to the client's family member, close friend, or any other person identified by the individual as his or her interpreter for a particular healthcare encounter. In these situations, that interpreter is not a business associate of the health care provider. As with other disclosures to family members, friends or other persons identified by an individual as involved in his or her care, when the individual is present, the covered entity may obtain the individual's agreement or reasonably infer, based on the exercise of professional judgment, that the individual does not object to the disclosure of protected health information to the interpreter. 45 CFR 164.510(b)(2). For example, if a covered health care provider encounters a client who speaks a language for which the provider has no employee, volunteer member of the workforce

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<sup>2</sup> <http://www.hhs.gov/hipaafaq/providers/business/760.html>

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or contractor who can competently interpret, but then is able to identify a telephone interpreter service to communicate with the client, the provider may contact the telephone interpreter service and identify the language used by the client, so that the interpreter may explain to the client that the interpreter is available to assist the client in communicating with the provider. If the provider reasonably concludes that the client has chosen to be assisted by the interpreter, and, by the client's willingness to continue the health care encounter using the interpreter, reasonably infers that the individual does not object to the disclosure, protected health information may be disclosed in accordance with 45 CFR 1 64.510(b) without a business associate contract.

Organizations that are subject to both HIPAA and Title VI must comply with the requirements of both laws, though not all HIPAA covered entities are recipients of federal financial assistance and thus, required to comply with Title VI; and not all recipients of federal financial assistance are also HIPAA covered entities, subject to the Privacy Rule. For information about the obligation of recipients of federal financial assistance to take reasonable steps to provide meaningful access to persons who are limited English proficient, see Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons available at <http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/index.html> This guidance includes information for recipients of federal financial assistance about important considerations for determining the competency of interpreters, such as their understanding of applicable confidentiality requirements, that should be taken into account when using interpreters arranged by the provider or when individuals elect to use friends, family or others as interpreters.

HIPAA covered entities may also be required to comply with the Americans with Disabilities Act and/or Section 504 of the Rehabilitation Act of 1973, both of which have requirements for the provision of sign language and oral interpreters for people who have hearing impairments. The use of communications assistants as part of a Telecommunications Relay Service (TRS) was the subject of a previous FAQ available at [www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa) (click on Your Frequently Asked Questions About Privacy, and then search on "TRS").

\* This question and answer was provided by the federal Office for Civil Rights, responsible for enforcing the HIPAA Privacy Rule. It (FAQ# 760) and other HIPAA questions can be found on the federal website at: <http://www.hhs.gov/ocr/privacy/hipaa/faq/index.html>

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### PROVIDING SERVICES TO PERSONS WITH IMPAIRED HEARING, VISION, OR SPEECH

Another cause of disability discrimination is a delegate agency's ineffective communication with clients and other persons who have sensory or speech impairments.

Regulations at Title 45 Code of Federal Regulations Part 84, issued pursuant to Section 504, prohibit discrimination on the basis of disability. Health care and social service providers may also be subject to Title II or Title III of the Americans with Disabilities Act (ADA). Title II of the ADA prohibits discrimination against individuals with a disability in public services and Title III of the ADA prohibits discrimination in public accommodations against individuals with a disability.

Under 45 CFR Part 84, for providers with 15 or more employees, individuals with sensory or speech impairments must have an opportunity equal to, or as effective as, that afforded others, to apply for, receive or participate in, or benefit from the services offered.

In many ways, the activities to ensure meaningful communication with clients who have sensory or speech impairments are similar to the steps taken to ensure meaningful access for LEP individuals. Activities include:

- Provision of communication aids at no cost to the sensory impaired individual
- Creation of written procedures for communicating with persons with sensory impairment. An example of such policy follows.

Persons with sensory or speech disabilities should be asked which communication methods and auxiliary aids they prefer. This may involve different methods depending on the nature, length, or complexity of the communication.

### FEDERAL GUIDANCE ON PROVISION OF SERVICES TO CLIENTS WITH DISABILITIES

*The following information is cited directly from the Office of Civil Rights website<sup>3</sup>:*

Covered entities must not, on the basis of disability:

- Exclude a person with a disability from a program or activity;
- Deny a person with a disability the benefits of a program or activity;
- Afford a person with a disability an opportunity to participate in or benefit from a benefit or service that is not equal to what is afforded others;
- Provide a benefit or service to a person with a disability that is not as effective as what is provided others;
- Provide different or separate benefits or services to a person with a disability unless necessary to provide benefits or services that are as effective as what is provided others;
- Apply eligibility criteria that tend to screen out persons with disabilities unless necessary for the provision of the service, program or activity.

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<sup>3</sup><http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>

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**Covered entities must:**

- **Provide services and programs in the most integrated setting appropriate to the needs of the qualified individual with a disability;**
- **Ensure that programs, services, activities, and facilities are accessible;**
- **Make reasonable modifications in their policies, practices, and procedures to avoid discrimination on the basis of disability, unless it would result in a fundamental alteration of the program;**
- **Provide auxiliary aids to persons with disabilities, at no additional cost, where necessary to afford an equal opportunity to participate in or benefit from a program or activity;**
- **Designate a responsible employee to coordinate their efforts to comply with Section 504 and the ADA;**
- **Adopt grievance procedures to handle complaints of disability discrimination in their programs and activities;**
- **Provide notice that indicates:**
  - **That the covered entity does not discriminate on the basis of disability;**
  - **How to contact the employee who coordinates the covered entity's efforts to comply with the law; and**
  - **Information about the grievance procedures.**

*The following is an example policy and procedure for providing auxiliary aids for persons with disabilities. This document can be downloaded from the CDPHE Family Planning Program website at: <http://www.cdphe.state.co.us/pp/womens/FPNursingConsntsForms.html>*

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***Example of a Policy and Procedure for Providing Auxiliary Aids for Persons with Disabilities***

**AUXILIARY AIDS AND SERVICES FOR PERSONS WITH DISABILITIES**

**POLICY:**

***(Insert name of your facility)*** will take appropriate steps to ensure that persons with disabilities, including persons who are deaf, hard of hearing, or blind, or who have other sensory or manual impairments, have an equal opportunity to participate in our services, activities, programs and other benefits. The procedures outlined below are intended to ensure effective communication with clients involving their medical conditions, treatment, services and benefits. The procedures also apply to, among other types of communication, communication of information contained in important documents, including waivers of rights, consent to treatment forms, financial and insurance benefits forms, etc. ***(include those documents applicable to your facility)***. All necessary auxiliary aids and services shall be provided without cost to the person being served.

All staff will be provided written notice of this policy and procedure, and staff that may have direct contact with individuals with disabilities will be trained in effective communication techniques, including the effective use of interpreters.

**PROCEDURES:**

1. Identification and assessment of need:

***(Name of facility)*** provides notice of the availability of and procedure for requesting auxiliary aids and services through notices in our ***(brochures, handbooks, letters, print/radio/television advertisements, etc.)*** and through notices posted ***(in waiting rooms, lobbies, etc.)***. When an individual self-identifies as a person with a disability that affects the ability to communicate or to access or manipulate written materials or requests an auxiliary aid or service, staff will consult with the individual to determine what aids or services are necessary to provide effective communication in particular situations.

2. Provision of Auxiliary Aids and Services:

***(Insert name of your facility)*** shall provide the following services or aids to achieve effective communication with persons with disabilities:

- A. For Persons Who Are Deaf or Hard of Hearing

- (i) For persons who are deaf/hard of hearing and who use sign language as their primary means of communication, the ***(identify responsible staff person or position with a telephone number)*** is responsible for providing effective interpretation or arranging for a qualified interpreter when needed.

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In the event that an interpreter is needed, the **(identify responsible staff person)** is responsible for:

Maintaining a list of qualified interpreters on staff showing their names, phone numbers, qualifications and hours of availability **(provide the list)**;

Contacting the appropriate interpreter on staff to interpret, if one is available and qualified to interpret; or

Obtaining an outside interpreter if a qualified interpreter on staff is not available. **(Identify the agency(s) name with whom you have contracted or made arrangements)** has agreed to provide interpreter services. The agency's/agencies' telephone number(s) is/are **(insert number(s) and the hours of availability)**. **[Note: If video interpreter services are provided via computer, the procedures for accessing the service must be included.]**

(ii) Communicating by Telephone with Persons Who Are Deaf or Hard of Hearing

**[Listed below are three methods for communicating over the telephone with persons who are deaf/hard of hearing. Select the method(s) to incorporate in your policy that best applies/apply to your facility.]**

**(Insert name of facility)** utilizes a Telecommunication Device for the Deaf (TDD) for external communication. The telephone number for the TDD is **(insert number)**. The TDD and instructions on how to operate it are located **(insert location)** in the facility; OR

**(Insert name of provider)** has made arrangements to share a TDD. When it is determined by staff that a TDD is needed, we contact **(identify the entity e.g., library, school or university, provide address and telephone numbers)**; OR

**(Insert name of facility)** utilizes relay services for external telephone with TDD users. We accept and make calls through a relay service. The state relay service number is **(insert telephone for your State Relay)**.

(iii) For the following auxiliary aids and services, staff will contact **(responsible staff person or position and telephone number)**, who is responsible to provide the aids and services in a timely manner:

Note-takers; computer-aided transcription services; telephone handset amplifiers; written copies of oral announcements; assistive listening devices; assistive listening systems; telephones compatible with hearing aids; closed caption decoders; open and closed captioning; telecommunications devices for deaf persons (TDDs); videotext displays; or other effective methods that help make aurally delivered materials available to individuals who are deaf or hard of hearing.

(iv) Some persons who are deaf or hard of hearing may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the person will not be used as interpreters unless specifically requested by that individual and after an offer of an interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented in the person's file. If the person chooses to use a family member or friend as an interpreter, issues of competency of



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interpretation, confidentiality, privacy and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided. **NOTE: Children and other clients will not be used to interpret, in order to ensure confidentiality of information and accurate communication.**

**B. For Persons Who are Blind or Who Have Low Vision**

(i) Staff will communicate information contained in written materials concerning treatment, benefits, services, waivers of rights, and consent to treatment forms by reading out loud and explaining these forms to persons who are blind or who have low vision **[in addition to reading, this section should tell what other aids are available, where they are located, and how they are used]**.

The following types of large print, taped, Brailled, and electronically formatted materials are available: **(description of the materials available)**. These materials may be obtained by calling **(name or position and telephone number)**.

(ii) For the following auxiliary aids and services, staff will contact **(responsible staff person or position and telephone number)**, who is responsible to provide the aids and services in a timely manner:

Qualified readers; reformatting into large print; taping or recording of print materials not available in alternate format; or other effective methods that help make visually delivered materials available to individuals who are blind or who have low vision. In addition, staff are available to assist persons who are blind or who have low vision in filling out forms and in otherwise providing information in a written format.

**C. For Persons With Speech Impairments**

To ensure effective communication with persons with speech impairments, staff will contact **(responsible staff person or position and telephone number)**, who is responsible to provide the aids and services in a timely manner:

Writing materials; typewriters; TDDs; computers; flashcards; alphabet boards; communication boards; **(include those aids applicable to your facility)** and other communication aids.

**D. For Persons With Manual Impairments**

Staff will assist those who have difficulty in manipulating print materials by holding the materials and turning pages as needed, or by providing one or more of the following: note-takers; computer-aided transcription services; speaker phones; or other effective methods that help to ensure effective communication by individuals with manual impairments. For these and other auxiliary aids and services, staff will contact **(responsible staff person or position and telephone number)** who is responsible to provide the aids and services in a timely manner.

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**CLIENT SATISFACTION SURVEY POLICY**

All Title X family planning clinics are required to assess client satisfaction at least annually. Delegate agencies may use the **CDPHE Family Planning Program** tool, or develop another tool or mechanism to assess satisfaction. However, it is highly preferable that agencies use the **CDPHE** client satisfaction tool (developed by clinical networks supported from the Bureau of Primary Health Care) as it is standardized. The example of the **CDPHE** client satisfaction tools in English and Spanish are included on the following pages. Agencies should contact the **CDPHE Family Planning Program** for a clean version of the tool which can be modified to meet the agency's needs. **The CDPHE Family Planning Program can also provide agencies with a worksheet to use to summarize the results of the surveys.** Satisfaction survey results will be reviewed during administrative site visits, and must be submitted annually to the **CDPHE Family Planning Program** Administrative Consultant. In addition, for the work plan, each agency must review the results of their **most recent** client satisfaction survey to identify an area that needs improvement and to implement a strategy to address that area.

In the years where an agency receives a medical site visit, the agency will be required to administer the Region VIII Regional Quality Improvement Project (RQIP) survey to clients. Therefore in these years, the agency will not be required to do another client satisfaction survey in addition to the RQIP. However, agencies may elect to do their same survey in order to maintain satisfaction data consistency. More information about the RQIP can be found in "Section 1.11. Risk Management/Quality Assurance" of the Nursing Manual

*The following pages contain samples of both English and Spanish Client Satisfaction Surveys. These forms can be downloaded from the **CDPHE Family Planning Program** website at: <http://www.cdphe.state.co.us/pp/womens/FPNursingConsntsForms.html>*

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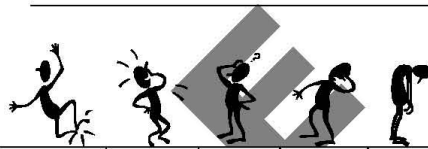
**ENGLISH VERSION SAMPLE**

**<<Your Clinic Name Here>>  
Client Satisfaction Survey**

We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. Your responses are directly responsible for improving these services. All responses will be kept confidential and anonymous. Thank you for your time.

Today's Date: \_\_\_\_\_  
 Your Age: \_\_\_\_\_  
 Your Sex:      Male \_\_\_\_\_      Female \_\_\_\_\_

How Did You Hear About Us?  
 \_\_\_ I have been here before  
 \_\_\_ Advertisement (Where? \_\_\_\_\_)  
 \_\_\_ Friend/Family  
 \_\_\_ Referred by another agency/clinic  
 \_\_\_ Website (Which one? \_\_\_\_\_)  
 \_\_\_ Other - please describe: \_\_\_\_\_



Please circle how well you think we are doing in the following areas:	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1
<b>Ease of getting care:</b>					
Ability to get in to be seen	5	4	3	2	1
Hours Clinic is open	5	4	3	2	1
Convenience of Clinic's location	5	4	3	2	1
Prompt return on phone calls	5	4	3	2	1
<b>Waiting:</b>					
Time in waiting room	5	4	3	2	1
Time in exam room	5	4	3	2	1
Waiting for tests to be performed	5	4	3	2	1
Waiting for test results	5	4	3	2	1
<b>Staff:</b>					
<i>Provider: Physician, Podiatrist, Assistant, Nurse Practitioner</i>					
Listens to you	5	4	3	2	1
Takes enough time with you	5	4	3	2	1
Explains what you want to know	5	4	3	2	1
Gives you good advice and treatment	5	4	3	2	1
<i>Nurses and Medical Assistants:</i>					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1
<i>All Others:</i>					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1

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Adapted from the Bureau for Primary Health Care Survey - <http://www.bphc.hrsa.gov/quality/patienttool.htm>

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**ENGLISH VERSION SAMPLE (Continued)**

<<Your Clinic Name Here>>  
Client Satisfaction Survey (continued)



Please circle how well you think we are doing in the following areas:	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1
<b>Payment:</b>					
What you pay	5	4	3	2	1
Explanation of charges	5	4	3	2	1
Collection of payment/money	5	4	3	2	1
<b>Facility:</b>					
Neat and clean building	5	4	3	2	1
Ease of finding where to go	5	4	3	2	1
Comfort and Safety while waiting	5	4	3	2	1
Privacy	5	4	3	2	1
<b>Confidentiality:</b>					
Keeping my personal information private	5	4	3	2	1
The likelihood of referring your friends and relatives to us:	5	4	3	2	1
Do you consider this clinic your regular source of care? Yes _____ No _____					

What do you like best about our clinic? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you like least about our clinic? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Suggestions for improvement? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank you for completing our Survey!**

Adapted from the Bureau for Primary Health Care Survey - <http://www.bphc.hrsa.gov/quality/patienttool.htm>

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**SPANISH VERSION SAMPLE**

**<<Your Clinic Name Here>>  
Encuesta De Satisfacción Para el Cliente**

Quisiéramos saber que piensa usted de los servicios de salud que ofrecemos para asegurarnos que estamos satisfaciendo sus necesidades. Sus respuestas se tomarán en cuenta para mejorar nuestros servicios. Sus respuestas serán tomadas confidencialmente y anónimamente. ¡Gracias por su tiempo!

Fecha: \_\_\_\_\_  
Su Edad: \_\_\_\_\_  
Su Sexo:        Masculino \_\_\_\_\_  
                         Femenino \_\_\_\_\_

¿Cómo se enteró usted de nosotros?  
 He estado aquí antes  
 Anuncio (¿Dónde? \_\_\_\_\_)  
 Amigo/a o miembro de la familia  
 Referido por otra agencia o clínica  
 Sitio web (¿Cuál? \_\_\_\_\_)  
 Otro lugar - Describa por favor: \_\_\_\_\_



Por favor califique los servicios en las siguientes áreas y circule el número de acuerdo con la calidad de cada servicio:	Muy Bueno 5	Bueno 4	Regular 3	Pobre 2	Muy Pobre 1
<b>Facilidad de recibir cuidado:</b>					
Habilidad para obtener una cita	5	4	3	2	1
Horas de servicios de la Clínica	5	4	3	2	1
Lugar donde se encuentran la Clínica	5	4	3	2	1
Rapidez en contestarle por teléfono	5	4	3	2	1
<b>El Consultorio:</b>					
Tiempo en la sala de la Clínica	5	4	3	2	1
Tiempo en el cuarto de examen	5	4	3	2	1
Tiempo que espera para que le hagan un examen	5	4	3	2	1
Tiempo de espera para obtener los resultados del examen	5	4	3	2	1
<b>Empleados:</b>					
<i>Proveedores: Doctor, Asistente Médico,</i>					
<i>Enfermera Practicante</i>					
Le escuchan	5	4	3	2	1
Se toman suficiente tiempo con usted	5	4	3	2	1
Le explican lo que usted quiere saber	5	4	3	2	1
Le dan Buenos consejos y tratamiento	5	4	3	2	1
<i>Enfermeras:</i>					
Son amistosos y amables cuando le ayuden	5	4	3	2	1
Le contestan sus preguntas	5	4	3	2	1
<i>Todos Los Demás:</i>					
Amables y dispuestos en ayudarle	5	4	3	2	1
Le contestan sus preguntas	5	4	3	2	1

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Adapted from the Bureau for Primary Health Care Survey - <http://www.bphc.hrsa.gov/quality/patienttool.htm>

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**SPANISH VERSION SAMPLE (continued)**

<<Your Clinic Name Here>>  
**Encuesta De Satisfacción Para el Cliente**



Por favor califique los servicios en las siguientes áreas y circule el número de acuerdo con la calidad de cada servicio:	Muy Bueno 5	Bueno 4	Regular 3	Pobre 2	Muy Pobre 1
<b>Pago:</b>					
Lo que usted paga	5	4	3	2	1
Explicación de cargos	5	4	3	2	1
Colección de pago / dinero	5	4	3	2	1
<b>Lugar:</b>					
El consultorio está en orden y limpio	5	4	3	2	1
Es fácil de encontrar el lugar donde debe ir	5	4	3	2	1
Se siente cómodo y seguro cuando está esperando	5	4	3	2	1
Hay privacidad	5	4	3	2	1
<b>Confidencialidad:</b>					
Mi información personal se mantiene en privado	5	4	3	2	1
La probabilidad de recomendar a parientes y amistades:	5	4	3	2	1
¿Considera esta clínica su Clínica de cuidado principal? Yes _____ No _____					

¿Qué es lo que más le gusta de nuestra clínica? \_\_\_\_\_

\_\_\_\_\_

¿Qué es lo que menos le gusta de nuestra clínica? \_\_\_\_\_

\_\_\_\_\_

¿Tiene sugerencias para mejoramiento? \_\_\_\_\_

\_\_\_\_\_

**¡Gracias por su tiempo en llenar esta encuesta!**

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Adapted from the Bureau for Primary Health Care Survey -  
<http://www.bphc.hrsa.gov/quality/patienttool.htm>

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### PRIORITIZATION OF CLINIC APPOINTMENTS POLICY

In accordance with Title X federal rules and regulations, Part 59, subpart A, 59.5, a family planning project must provide that “priority in the provision of services will be given to persons from low income families.” Priority must also be given to clients, regardless of income, who present or call with an emergency.

In the event a clinic has a waiting list for appointments, the financial eligibility of clients should be assessed at the time the appointment is made. Clients whose income is at or below 150% of poverty and/or teens (“target clients”) should be given the first available appointment or be put at the beginning of the waiting list. Clients whose income is above 150% of poverty should be added to the waiting list and offered referrals to other providers if the **client feels the wait is unacceptable**.

In the event a client presents in person or calls with an emergency, the health care provider must delay non-emergent appointments and provide services within the provider’s scope of practice for the client with the emergency. Emergency referral information (addresses and telephone numbers) must be recorded on the clinic telephone answering system and may be posted on external building entrances for clients who call or arrive after business hours. It is preferred that this information be available in both English and Spanish.

### CONFLICT OF INTEREST POLICY

Delegate agencies must establish policies to prevent employees, consultants/contractors, members of governing boards, and advisory bodies from using their positions for purposes of private gain for themselves or for others. This must be an agency-specific policy. (Program Guidelines 5.3, p.6) [**45 CFR 74.42; 45 CFR 92.36; HHS Grants Policy Statement p.II-7**]

Upon hiring staff and consultants or appointing members of advisory or governing bodies, family planning staff should ensure these individuals are aware of the program’s conflict of interest policy.

### HUMAN SUBJECTS RESEARCH

**Delegate agencies** considering clinical or sociological research must adhere to the legal requirements governing human subjects research (45 CFR Part 46). There must be informed consent of the client and approval of research by a properly constituted committee of the grantee institution. Copies of the federal regulations are available from the **CDPHE Family Planning Program** or by going to:  
<http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>

Programs must advise the **CDPHE Family Planning Program** in writing of research projects involving Title X clients or resources. **CDPHE** must then forward the request to the regional Health and Human Services office and the Office of Population Affairs.

(Program Guidelines 5.5, p.6) [**HHS grant Policy Statement p.II-9**]