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SECTION: Office Management	
POLICY AND PROCEDURE: Interpreter Services	Approved date: _____ Approved by: _____ Effective date: _____ Revised date: _____ Revised date: _____

POLICY:

The site has twenty-four hour access to Interpreter services for non/limited English proficient (LEP) members.

PROCEDURE:

- A. Staff will ensure that Interpreter services are made available in identified threshold languages specified for location of site.
- B. The PCP will ensure that all personnel providing language interpreter services on site are qualified in medical interpretation.
- C. Interpreter skills and capabilities will be documented as follows:
 - 1. Office has a documented policy to offer interpreter support to LEP patients.
 - 2. Signed attestation of adherence to generally accepted interpreter ethics principles, including client confidentiality.
 - 3. Has demonstrated proficiency in speaking and understanding both spoken English and at least one other spoken language (formal assessment of proficiency; or annual job performance evaluations).
 - 4. Is able to interpret effectively, accurately, and impartially, both receptively and expressly, to and from such language(s) and English, using any necessary specialized vocabulary terminology and phraseology (formal assessment of proficiency; or annual job performance evaluations).
- D. Staff will document in the medical record any request for, or refusal of language/interpreter services; staff will document primary language for the member. Provider/staff must document in patient’s medical record, name or identifier of interpreter used for each visit.
- E. The PCP will ensure that 24-hour interpreter services are available for all members either through telephone language services or interpreters on site.