

## Sample Established Medical Provider Letter

Date

Dr. Name

Address

Town, State Zip code

Dear Dr \_\_\_\_\_;

I have been your patient for \_\_\_\_ years and I think you are a wonderful doctor. I know you do your best to provide me with proper care. I want to ensure that we continue to have a good doctor-patient relationship. Recently, an issue came up regarding whether an ASL interpreter was needed for an appointment. I take partial responsibility for the issue since I have not made my communication needs clear to you and your staff. This letter is to help ensure that similar problems do not happen again. **Or** *[Thus far, you have always provided me with effective communication and I want that to continue. This letter is simply meant to prevent any future problem or issues and to further assist you in providing me with effective communication.]*

As you know, I am deaf and communicate using American Sign Language (ASL). ASL is not English and I am not fluent in reading and writing English. I had help writing this letter because I wanted to be sure that you completely understand my needs. Because ASL is my natural and primary language, I will need an ASL interpreter for important communication that takes place between us. It may not be necessary to have an interpreter every time I make an office visit, particularly if my visit will be a very brief one. An interpreter is needed when discussing problems, symptoms, diagnosis, treatment and procedures and when obtaining informed consent for treatment or procedures. An interpreter is not needed when drawing blood, doing lab work, refilling an existing prescription or other very brief appointments where vital information is not discussed.

If you are not sure whether an interpreter is needed for effective communication, I encourage you to contact me before the appointment. Anytime you think an interpreter is needed, you are free to provide one even if the appointment is one where I have not considered an interpreter necessary. Your willingness and conscientiousness in ensuring effective communication between us is deeply appreciated. I will make every effort to contact you in a reasonable manner and at a reasonable time should I need to cancel or reschedule my appointment. I certainly don't want you to have to incur expenses for an interpreter if I cannot keep my scheduled appointment.

To help you know who to contact to schedule an interpreter, I am providing a list of interpreters and interpreter services in our area that I know to be very good.

Rock Star ASL Interpreters  
Anywhere, Kansas  
(620) 191-1111

Best ASL in Central Kansas  
Middletown, Kansas  
(620) 155-1234

Jane Greathands's ASL Services  
Centralville, Kansas  
(620) 555-1232

Jack Gestures, ASL Interpreter  
Hickstown, Kansas  
(620) 989-2345

You may also contact the Kansas Commission for the Deaf and Hard of Hearing if you need further assistance in finding an ASL interpreter. The phone numbers for the Commission are (800) 432-0698 and (785) 368-8034 (Topeka).

You and your staff should know the most effective way to contact me should you need to visit with me outside of the office about medical issues, appointments, scheduling or whether an interpreter will be necessary for an appointment.

*[Choose appropriate method]*

*If you have a TTY/TDD in your office, you may call me directly on my TTY/TDD. My number is: \_\_\_\_\_. If you do not have a TTY/TDD, call the Relay Service at (800) 766-3777. Provide them with my phone number and the Relay Operator will connect you with my TTY/TDD and serve as a conduit for our conversation.*

*I use the Video Relay Service (VRS). To access me by VRS, call the VR Operator at 866-498-4777. Provide them with my number/IP address to access my video relay system. My number/IP address is \_\_\_\_\_. The Video Relay Operator will contact me through my video system and act as the interpreter for our conversation.*

*I don't have a TTY/TDD/Video Relay system or any other form of telecommunication and request that you contact me via e-mail. My e-mail address is: \_\_\_\_\_. I check my e-mail frequently.*

Although I have some family members who can interpret ASL, I prefer not to use them for my important medical issues for privacy reasons. I want to be sure that I can honestly communicate with you. However, should you not be able to contact me by the method(s) above, I give you permission to call Jane Doe at     (her number here)     and she will let me know that you or your staff needs to speak with me as soon as possible.

I appreciate the care and service that you and your staff provide to me. I hope this letter will enhance our professional relationship and clarify what my needs are for effective communication. Thank you for your time and attention to this issue. If you have any questions or additional concerns, please contact me and let's discuss this further.

Sincerely,

Patient Name