



## Center City Pediatrics, LLC

**Policy:** **Treating Patients with Limited English Proficiency (LEP)**

**Scope:** **This policy will outline CCP approach to managing patients and their families who have limited English Proficiency**

**Procedure:**

1. New patients calling for their first appointment, if they are identified as having LEP by the front desk reception staff, they will be asked to bring a family member or English speaking person with them to the appointment. This is to promote a more accurate history taking and ensure that the parent or child understands any instructions that they are given and are afforded to ask questions through the use of an onsite interpreter.
2. Since often times, parents may have English-speaking relatives call and make the appointment, for new patients calling for their first appointment, the identity of the caller must be verified. This can be done by simply asking, "*Are you the child's parent?*" If the caller is not the child's parent, step 1 above will be followed.
3. New patients calling for their first appointment are to be notified that at the present time CCP does not offer interpreter services to patients with LEP and it is the patient's family's responsibility to have an interpreter available at the time of the visit.
4. CCP currently does not utilize an interpretation service via use of a telephone.
5. CCP can not guarantee an available staff member that is proficient in any language other the English.
6. If a patient is calling after hours, and the person does not speak English or the provider does not understand the patient, that patient may be either offered an appointment in the office the next day or will be instructed to go to an Emergency Room.
7. If a patient is calling during business hours with a non-urgent issue which needs education or instruction, the patient/family will be offered an appointment to review their concern in the office and will be instructed to have an interpreter in attendance during that scheduled visit.

**Date of Policy Origination: October, 2009**

**Revision: Date(s):** \_\_\_\_\_

**Signature:** \_\_\_\_\_