



*San Francisco
Providing Access
To Healthcare*

Health Care Provider Disability Awareness Survey



The survey, which consists of 22 questions, is designed to assess the current capacity of our providers to meet the needs of SFHP members with disabilities and to identify ways we can assist you in ensuring that members with disabilities receive optimal service.

<p>Please fax your completed form to us at (415) 615-6450 or email provider.relations@sfhp.org</p>	<p><i>Thank you</i> Your complete survey will help us to better serve our members</p>
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Site Information		
Please provide name and telephone number		
SITE NAME		
SITE STREET ADDRESS		
CITY	STATE	ZIP CODE

Please provide the name(s), title and telephone number(s) and email of the person(s) submitting this survey, *SFHP will call upon these persons if there are any questions related to this survey.*

NAME	
TITLE / DEPARTMENT	
PHONE () —	EMAIL

NAME	
TITLE / DEPARTMENT	
PHONE () —	EMAIL

NAME	
TITLE / DEPARTMENT	
PHONE () —	EMAIL

Accessible Communication for Individuals who are Deaf or Hard of Hearing

1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your office have a TTY machine that allows individuals to call the office and for staff to make outgoing calls (page 4*) Comments:
2	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your staff familiar with how to use the California Relay Service to receive calls and make outgoing calls? (page 5*) Please check one: <input type="checkbox"/> All <input type="checkbox"/> Some Comments:
3	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you allow patients to communicate with your office through email? (page 5*) Comments:
4	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have the capacity to send a patient a text message to remind them about an upcoming appointment or some other administrative matter? (page 5*) Comments:
5	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your office provide qualified Sign Language Interpreters or Real Time Captioners, if requested, for patients to facilitate communication during an appointment? (page 3*) Comments:
5a		If YES , what agency or agencies do you use?
6	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your office provide assistive listening devices to patients to make it easier for a patient to understand a provider during an appointment? (page 2*) Comments:
6a	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO , does your office know where to purchase assistive listening devices? Comments:

Accessible Medical Equipment

7	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your office have a height adjustable exam table that lowers to 17"? (page 10*) Comments:
7a	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO , does your office know where a height adjustable exam table could be purchased? Comments:
8	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your office either have or have access to mechanical, Hoyer-type lift equipment that can be used to assist with patient transfers? (page 14*) Comments:
8a	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO , does your office know where lift equipment could be purchased? Comments:
9	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your office have access to a lifting team or other trained lifters who can assist patients on to and off of exam tables and other diagnostic and testing equipment? (i.e., CAT scan, MRI, cardio stress test, ophthalmology exam, radiation therapy) (page 13*) Comments:
10	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your office know where to refer a patient for diagnostic scans using accessible machines? Comments:
11	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do have access to a wheelchair accessible weight scale? (page 12*) Comments:
11a	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO , does your office know where to refer someone to be weighed on an accessible weight scale? Comments:

*Page numbers reference the Health Care Provider Disability Awareness Resource Guide.

Alternative Formats

12	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Does your office provide forms, medical information and instructions, and other healthcare-related material for patients who have vision disabilities in formats other than standard print (e.g. CD, Braille, enlarged print) either as a general practice or on request? (pages 6*)</p> <p>Comments:</p>
		<p>If YES, please tell us which formats and materials:</p>
		<p><input type="checkbox"/> Enlarged print</p> <p>Which materials ? <input type="checkbox"/> health education materials <input type="checkbox"/> patient care instructions <input type="checkbox"/> other (list)</p>
		<p><input type="checkbox"/> Electronic formats (e.g., CD, email, etc.)</p> <p>Which materials ? <input type="checkbox"/> health education materials <input type="checkbox"/> patient care instructions <input type="checkbox"/> other (list)</p>
		<p><input type="checkbox"/> Accessible Website (Note: For more information on evaluating your website for accessibility see: http://www.w3.org)</p> <p>Which materials ? <input type="checkbox"/> health education materials <input type="checkbox"/> patient care instructions <input type="checkbox"/> other (list)</p>
		<p><input type="checkbox"/> Braille</p> <p>Which materials ? <input type="checkbox"/> health education materials <input type="checkbox"/> patient care instructions <input type="checkbox"/> other (list)</p>
		<p><input type="checkbox"/> Audio tape</p> <p>Which materials ? <input type="checkbox"/> health education materials <input type="checkbox"/> patient care instructions <input type="checkbox"/> other (list)</p>
		<p><input type="checkbox"/> Other</p> <p>Which materials ? <input type="checkbox"/> health education materials <input type="checkbox"/> patient care instructions <input type="checkbox"/> other (list)</p>

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Emergency Evacuation Procedures

13	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Does your office's Emergency Evacuation Plan include procedures for evacuating people with disabilities? (page 16*)
14	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Does your building as a whole have equipment or procedures for evacuating people with disabilities? (page 16*)
14a	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	If YES, has your office ever received training on those procedures or on the equipment? Comments:

Policies and Procedures Regarding Patient's Request for Disability Accommodations

15	Does your office provide additional disability accommodations for patients with disabilities including but not limited to any of the following? (Check all that apply) (page 15*)	
	<input type="checkbox"/>	A. Providing extended appointment times for individuals with complex medical histories
	<input type="checkbox"/>	B. Ensuring appointment times are scheduled in a flexible way for individuals that rely on transit services that do not always run on time.
	<input type="checkbox"/>	C. Provide assistance with undressing, using the restroom, lifting and positioning on the exam table
	<input type="checkbox"/>	D. Provide assistance in filling out paperwork, including reading and writing information. <i>In accordance with HIPAA rules in order to ensure confidentiality this assistance should be provided in an area that respects the patient's privacy.</i>
	<input type="checkbox"/>	E. Schedule a patient in a room with a height adjustable exam table for individuals who have difficulty getting on an exam table
	<input type="checkbox"/>	F. Assist with scheduling transportation
	<input type="checkbox"/>	G. Other: Please Describe
	<input type="checkbox"/>	H. We do not have experience with providing any disability accommodations.
16	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your office have a written policy that allows service and support animals to accompany the patient during an appointment? (page 7) Comments:
17	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your office ask patients if they need any accommodations on intake forms or when making an appointment? (page 15*) Comments:
18	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your office note in patients' charts any disability accommodations they require? (page 15*) Comments:

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19	Does your office provide staff training on any of the following? (Check all that apply) (page 16*)	
	<input type="checkbox"/>	A. Various types of chronic conditions and disabilities.
	<input type="checkbox"/>	B. Legal requirements presented in The Americans with Disabilities Act (ADA).
	<input type="checkbox"/>	C. Disability awareness training.
	<input type="checkbox"/>	D. How to use accessible medical equipment (height adjustable exam table, wheelchair accessible weight scale).
	<input type="checkbox"/>	E. How to use a TTY.
	<input type="checkbox"/>	F. How to use the California Relay Service.
	<input type="checkbox"/>	G. How to schedule a sign language interpreter or real time captioner when a patient requests one.
	<input type="checkbox"/>	H. How to document patients' requests for accommodations .
	<input type="checkbox"/>	I. Training on emergency evacuations that include methods for evacuating people with disabilities.
	<input type="checkbox"/>	J. Other.
	<input type="checkbox"/>	K. We do not currently provide any disability-related training.
20	<input type="checkbox"/> Yes <input type="checkbox"/> No	Would staff from your office attend a disability-related training if presented by SFHP? Comments:
21	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your office aware of tax credits that are available to offset the cost of purchasing accessible medical equipment, assistive communication devices, and providing access to sign language interpreters? (page 17*) Comments:
22	<input type="checkbox"/> Yes <input type="checkbox"/> No	What resources do you need to better provide services to your patients with disabilities? Comments:

*Page numbers reference the Health Care Provider Disability Awareness Resource Guide.



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at **(415) 615-6450** or email
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Thank you

**Your complete survey will help us
to better serve our members**



**SAN FRANCISCO
HEALTH PLAN**

Here for you