



Promise Health Plan

Access to California Relay Services Assistance for the Hard-of-Hearing, Deaf or Speech-Disabled Patients

Purpose: To assist providers and staff when communicating with the hard-of-hearing, deaf or speech-disabled patients.

HOW TO ACCESS TO CALIFORNIA RELAY SERVICES:

1. Please inform your hard-of-hearing, deaf or speech-disabled patients to dial California Relay Service if they need assistance when calling your office:

1-800-735-2929

2. If you need assistance when calling your hard-of-hearing, deaf or speech-disabled patients, please call:

1-888-877-5379 for Voice Users

1-888-877-5381 for Spanish

3. If you need any assistance from a live customer service, please call:

1-800-676-3777 for English (TTY/Voice)

1-800-676-4290 for Spanish (TTY/Voice)

4. Please follow these instructions to schedule face-to-face sign language assistance:

- Please call Blue Shield of California Promise Health Plan Member Services at 800-605-2556 to schedule for sign language assistance for the member.
- Blue Shield of California Promise Health Plan recommends that you schedule interpreter assistance for the member at least 5-7 days prior to their appointments, and 10-14 days in advance for any sign language interpreting services.

IMPORTANT NOTICE: Blue Shield of California Promise Health Plan providers must not require or suggest that LEP members provide their own interpreters or use family members or friends as interpreters. The use of such persons may compromise the reliability of medical information and could result in a breach of confidentiality or reluctance on the part of beneficiaries to reveal personal information critical to their situations. Minors should not interpret for adults, except in an emergency/life-threatening situation.



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If, after being notified of the availability of interpreters, the member elects to have a family member or friend serve as an interpreter, Blue Shield of California Promise Health Plan providers may accept the request. However, the use of such an interpreter should not compromise the effectiveness of services nor violate the beneficiary's confidentiality.

It is essential that you maintain the member's request or refusal of interpreting services form on file for liability reasons.

Blue Shield of California Promise Health Plan has available REQUEST/REFUSAL FORMS in English, Spanish, Arabic, Armenian, Farsi, Khmer (Cambodian), Korean, Russian, Tagalog, Chinese, and Vietnamese.