

# SEPTEMBER 2011 PULSE

## Editor's Comments



**Philip Zazove, MD**  
**Ann Arbor, MI**

What a conference! We had great attendance, including a lot of new people, and Portland is a beautiful city with the Columbia Gorge and other sites. Candie and Brian outdid themselves putting on the 2 ½ days of continuous events. The presenters were all outstanding and everyone learned a lot as well as did networking. One notable outcome of the conference is that the AMPHL board authorized a white paper on accommodations for D&HH medical professionals. It will take awhile for this to be put together, but once done, it should be a wonderful reference for all health professional schools. Meanwhile, we're already looking forward to the next conference, which is tentatively scheduled for Austin, Texas though that hasn't been finalized. More information about the recent conference is available on our website as well as in an article in this issue of PULSE.

Besides reading about the conference, don't forget to check out our other interesting articles. Sam Atcherson, along with Becky Morris, have another excellent article on technology in Innovations Alert. Michael Stein, Mary Vargas's partner, was kind enough to write an article about a legal issue pertinent to all of us. And, of course, we have our usual other features such as Spotlight where the person featured this year is Julie Dearing, a nurse in Toledo, Ohio.

As always, please do let me know your thoughts or suggestions about PULSE. Just send me an email at [vice-president@amphl.org](mailto:vice-president@amphl.org). If you have any comments or improvements, or topics you'd like to see covered in the future, I'd really like to know.

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# President's Message



**Candie Corriher, DVM  
AMPHL President  
Sherwood, OR**

One good thing that comes out of every AMPHL conference is that new conference attendees express an interest in being more active in AMPHL, and those who have been a part of AMPHL for a while have their enthusiasm towards AMPHL renewed. AMPHL is taking advantage of this post-conference excitement and trying to fill some of its vacant administrative positions.

Danielle Rastetter has always been interested in the issue of technical standards for admissions to medical professional programs, and she was discussing it at the AMPHL staff meeting at the conference. A decision was made to let Danielle lead a special committee that would research the technical standards issue and publish a “White Paper” document that outlines AMPHL’s official position on technical standards for admissions to medical professional programs. Our hope is that educational institutions will take notice of such a document and that they will use it as a guideline to rewrite restrictive technical standards. Since Danielle’s technical standards project fell under the category of an advocacy project, she was named

advocacy co-chair, joining Stacey Cordwell Carroll. Stacey has been in charge of the clear mask project for the last ten years, which has been AMPHL's only advocacy project to date. AMPHL hopes to add more projects to its advocacy committee work in the future. Please email Stacey and Danielle at [advocacy@amphl.org](mailto:advocacy@amphl.org) with your ideas.

AMPHL has long had what we call the Statistical Registry, but not many people fully understood it until we discussed it at the conference and had an exhibit hall table devoted to it. AMPHL's Statistical Registry is a way for us to keep track of how many deaf/Deaf/HOH people there are in each medical profession. That way, when a pre-med student is writing a letter to the admissions committee trying to get into medical school, he/she can say in the letter that there are XX medical students and XX physicians that we know of who are deaf/Deaf/HOH. Then when a reporter for the newspaper emails AMPHL to say they are writing an article on a certain person and they need to know how many medical professionals there are in that person's profession who are deaf/Deaf/HOH, we are able to give them as accurate an estimate as possible. AMPHL is pleased to say that we had 36 registry forms filled out at the conference and other names given to us in addition to that, so that we can try to contact those people to have them fill out the form. At the AMPHL staff meeting, Sam Atcherson expressed an interest in making the statistical registry easier to update. He had some ideas such as using Survey Monkey. So Sam was named registry co-chair, joining Thomas Kavic. The two of them will work together to take the new forms and the old ones from the last eight years, update all the information, put it into a file, and create an easier way to keep everything up to date. Feel free to email Sam Atcherson and Thomas Kavic at [registry@amphl.org](mailto:registry@amphl.org) with the names of deaf/Deaf/HOH medical professionals that you know in each profession so that if we do not have them listed, that we can contact them to have them fill out the registry form.

AMPHL would like to fill eight vacant board of director positions. We have an election call posted on the AMPHL website for those who are interested. The application deadline is October 15, 2011, see <http://www.amphl.org/docs/electioncall2011.pdf> for more information. Headed into the AMPHL conference we only had five of the twelve available board spots filled. One board member has since resigned, which brings our current board down to four people. Our bylaws state that only 1/3 of the board may be students or practicing professionals from the same profession. Right now we have two representatives from the physician

profession, one from the psychology profession, and one from the nursing profession. So we definitely have one more position available for each of the psychology and nursing professions, maybe more if we are able to add enough new people to the board. For the physician profession, the only way we will be able to add any more physician representatives is if we are able to elect at least 5 more people to make a total of at least 9 board members. So while we do not discourage those from the physician profession from applying, we also need for them to know that we might not be able to add another person from that profession and still meet our rule of no more than 1/3 allowed from each profession.

A couple of people at the conference were mentioning the need to go into high schools and undergraduate programs and talk to students about AMPHL and to encourage them to follow their dreams and apply to medical professional programs. AMPHL is very enthusiastic about this idea, but we are in need of a new chair or co-chairs to lead the Secondary School/Outreach committee in order to make that happen. As of right now, this committee does not have a plan, or any directions to go by, no one really seems to know where to start. So we need a new chair or co-chairs with lots of initiative and enthusiasm who can take the vague concept of a secondary school/outreach committee and run with it, who can make something out of this committee that hasn't really gotten off the ground since it was first formed. Previous experience in this area is not needed, we mainly need someone to come up with a plan and get things going!!

One of AMPHL's visions for the future is a branch of AMPHL within every state!! This would allow for more social interaction with other deaf/Deaf/HOH medical professionals and students outside of the AMPHL conferences that are held every 2-3 years, would facilitate setting up a more serious mentorship program where students could do externships with someone in their state, etc. Please email AMPHL President Candie Corriher at [president@amphl.org](mailto:president@amphl.org) if you are interested in being the leader of a branch of AMPHL within your state.

AMPHL is only as strong as its subscribers, mentors, volunteers, and staff members make it! The more of us there are, the bigger of an impact AMPHL can make, and the more paths AMPHL can pave for those following in our footsteps! We hope that even those who did not attend the recent conference in Portland will feel inspired to step up and take on a more active role in helping AMPHL meet its goals!

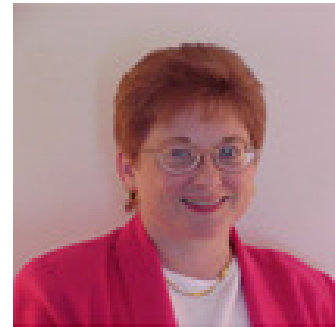
*Dr. Corriher is a practicing small animal veterinarian in Oregon and Washington. She has been Vice President and President of AMPHL since it's founding over a decade ago. She is always interested in hearing from people about what AMPHL can do for them. So, if you have ideas of things AMPHL can do for you or other d/Deaf/HH medical professionals, please send her an email to [president@amphl.org](mailto:president@amphl.org).*

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## ***Innovations ALERT!***



**Columnist  
Samuel R. Atcherson,  
Ph.D., CCC-A  
Little Rock, Arkansas**



**And Guest  
Becky Morris  
Erlanger,  
Kentucky**

### **Thinklabs dB32a+ Amplified Stethoscope**

In the market for a new amplified stethoscope? Thinklabs' newest electronic stethoscope, the **Thinklabs dB32a+**, purportedly offers 100x amplification. It has been observed that the Thinklabs dB32a+ may be powerful enough that you can use it without your hearing aids (and probably still hear even if you have your cochlear implant). Simply place the ear tips in your ears. It may take two hands at first to use the control unit that allows you to change between bell and diaphragm modes, turn the stethoscope on and off and to

engage the amplification. One of the most useful features is the volume control wheel. Not sure which testing mode you are in? An equally second useful feature is a chest piece that lights up to correspond with the choices you've made from the control unit. If those two features are not reasons enough, you'll likely become ridiculously excited when you discover that there two auxiliary cables included, one to use with headphones for a second listener (your instructor or colleague) and the other for connection for a visual read-out. Thinklabs also offers the first app to work with iPhone, Ipad and IPod Touch and connects to the stethoscope via the one of the auxiliary cables provided and the **Belkin TuneTalk** audio adapter. Like most other visual programs for heart and lung sounds, it is only intended for information gathering, not diagnostic purposes. Several different vendors sell the Thinklabs dB32a+, but check it out at:

<http://www.thinklabsmedical.com>

### **Cardionics Escope Amplified Stethoscopes**

We all like choices, don't we? Cardionics does just that with three different amplified stethoscope models. The **Cardionics Clinical Escope II** is similar in function to the Thinklabs dB32a+ stethoscope, offering standard ear tips and an audio output jack to use stethophones for a second listener. It comes with several ear tips to choose from and separate bells and diaphragms that are interchangeable. The **Hearing Impaired Version of the Escope II** includes low frequency headphones that help reproduce bass sounds, and unlike the Cardionics Clinical Escope II, there are no ear tips. The headphones can be used over open fit hearing aids or without hearing aids (provided you don't get annoying feedback) or you might even be able to use an induction coil silhouette while your hearing aids or cochlear implant is set on telecoil mode. The third version is the **EMS Escope II** with aviation style headphones to protect hearing and reduce background noise while listening to the stethoscope. Simply image yourself in a rescue helicopter with the blades chopping away, and you still hear heartbeats and lung sounds or your patient... way cool. See all the models at

<http://www.cardionics.com> and find a vendor.

### **Littman 3200 Amplified Stethoscope**

Want to perform magic during auscultation? The **Littman 3200** stethoscope is Bluetooth enabled. This allows a data file of recorded sounds to be wirelessly transmitted to a Bluetooth-enabled laptop. You can then use the **Zargis® StethAssist™ Heart and Lung Sound Visualization Software** to evaluate the recordings. Like the Thinklabs app, Littman offers this software

only as an information and learning tool, and not for diagnostic purposes. The chest piece includes a screen guide that lets you check battery levels and Bluetooth transmission. Check out the Littman 3200 at:

<http://www.3m.com/product/information/Littmann-Electronic-Stethoscope-3200.html>

### **Serene® Innovations RingMaster Super Loud Ringer/Flasher (Cell Phone Signaler)**

Many of us are quite familiar with alerting systems that vibrate or flash to help us wake up in the morning (or during midday residency catnaps). Now that many of us have cell phones or smart phones, we will often take advantage of the vibrating alarm feature as a primary or secondary alarm, and forgo the use of traditional devices designed for people with hearing loss. However, depending on your phone as a vibration alarm takes some clever solutions such as sticking the phone in a sock next to your ankle (right against the tibia or fibula!), putting the phone in your pillow sleeve, or simply sleeping directly on the phone (assuming you don't move much during sleep). But who knows? You might inadvertently kick your socks off, throw your pillow down, or roll to the opposite side of the bed. Enter the **Serene Innovation RingMaster**. The designers added a strap to the back of the alarm device. Simply set your phone alarm on vibrate mode, strap it behind the RingMaster, and set the alarm to flash a lamp or activate the vibrator placed between your mattress and box spring. You won't run the risk losing your phone during sleep. Just don't forget to take the phone with you when you wake up! Check it out at:

<http://sereneinnovations.com/hearingphonerings.php>

### **SilentCall**

If you can't hear an intercom system or tell if your phone is ringing, or want to know if the fire alarm sounds, then **Silent Call** has a system that may help. It has up to a 2000 ft. range. You can put the pager button with the receptionist, the phone signaler at your phone jack and even have the fire alarm company connect a transmitter to the existing system. If any of these activate, your wristwatch will vibrate to alert you. The vibration isn't super strong so you must wear the wristwatch to feel it vibrate. This works best in an office setting where you can put all the components in place. The vibrating wristwatch only works with the Signature Series system and you can find all the components at <http://www.silentcall.com>

**NOTE:** The authors of *Innovations ALERT!* are pleased to offer information about useful, new, or upcoming products or technologies that may be of interest to the readership of the AMPHL Pulse newsletter. However, the products or technologies listed and described do not constitute endorsement by the authors nor by the Association of Medical Professionals with Hearing Losses.

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*Dr. Atcherson is assistant professor of audiology, teacher, lecturer, researcher, author, and bona fide clinical audiologist with hearing loss at the University of Arkansas at Little Rock/ University of Arkansas for Medical Sciences. If you know of an interesting and timely innovation worthy of the next installment of *Innovations Alert!*, please do not hesitate to share with the rest of us by March 2012. Send information by e-mail to: [audiology@amphl.org](mailto:audiology@amphl.org).*

*Becky has spent a great deal of her time in the past 18 years traveling to state and national association meetings in both the hearing healthcare field and the field of vocational rehabilitation. She is founder of Beyond Hearing Aids, Inc. and [BeyondHearingAids.com](http://BeyondHearingAids.com). Becky is a prolific author and trainer, and she is known for her innovative approaches to ALDs, including amplified stethoscopes.*

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# Summary of the August 6-7, 2011 AMPHL Conference



**Candie Corriher, DVM  
AMPHL President  
Sherwood, OR**

AMPHL's fifth conference held August 6-7, 2011 in Portland, Oregon was the largest and most successful AMPHL conference to date! We had 116 registered conference attendees, 8 of whom were sign language interpreters and CART reporters, 29 of whom were exhibitor representatives, and 79 who were actual conference attendees including presenters and panelists.

There were 15 exhibitors, twice as many compared to previous conferences. We had originally planned to have one exhibit hall with 7-8 exhibitors but ended up having to rent additional meeting space to accommodate all of our exhibitors. As a result, the exhibitors were spread out amongst 2 rooms and a foyer outside of one of the rooms. Not ideal, but we were excited to have so many wonderful exhibitors. Everyone enjoyed learning about the services

offered by the captioning companies (Alternative Communication Services, Caption First, LNS Captioning, Quick Caption, and Strada Communication) and by Hamilton CapTel, Purple Communications, and ZVRS. Cardionics displayed their stethoscopes and helped conference attendees try them out. Becky Morris from Beyond Hearing Aids shared her knowledge about the assistive listening products and stethoscopes at her table. CATIE answered questions about medical interpreting and the resources available. Cochlear Americas and Med-El Corporation answered questions from those interested in getting cochlear implants. Dogs for the Deaf attracted attention at their booth with Janice Justice's dog Scooter as well as a "count the dog treats in a jar" contest. Sam-Go Products generously handed out free samples of their Nex-Gen clear surgical mask. AMPHL also had two tables of its own in the exhibit hall, one full of AMPHL brochures for people to take home to distribute, and one for the AMPHL Statistical Registry and the registry forms for people to fill out.

The Meet and Greet held on Friday night from 5-7 PM at the host hotel's restaurant had approximately 65 people in attendance. Everyone enjoyed the opportunity to meet new people while enjoying light hors d'oeuvres and a cash bar. Afterwards, AMPHL's administration left for a staff meeting from 7-9 PM while everyone else joined each other for dinner at the hotel restaurant or other local downtown Portland restaurants.

After short opening remarks from AMPHL President Candie Corriher, the conference program got off to a great start on Saturday, August 6 with presentations on hearing assistive technology and stethoscopes by Becky Morris and Sam Atcherson. Becky and Sam have been popular speakers on this topic at previous conferences, and once again they were very well received by conference attendees. Megan Jack followed to give a very informative update on visual display stethoscopes, which is one of the only options available for those with very profound hearing loss. Philip Zazove then gave an update on the clear surgical mask project on behalf of advocacy chair Stacey Cordwell Carroll who was unable to attend the conference. This introduced the presentations for two different clear surgical mask options. Jeanne Hahne spoke of her mask design and her search for a manufacturer. Julian Rangel and Richard Samaniego discussed their Nex-Gen mask which is already being manufactured. Chris Wagner and Brent Jolley from ZVRS gave a very interesting update on video and text technology and then Philip Hyssong from Alternative Communication Services and Karen Graham from SignOn did a great job discussing using remote technology for

communication access. Next up was Sam Atcherson, this time teamed up with Mike McKee to explain the Task Force on Health Care Careers for the Deaf and Hard-of-Hearing Community. Both Sam and Mike are a part of this Task Force, and other AMPHL staff members have been participating as well. After that, Janice Justice's cute hearing dog Scooter stole the show as he gave a demonstration during Janice's talk on the use of certified hearing dogs in a professional medical environment. Last, but not least, was Michael Stein's going over a very important topic- the legal rights of deaf and hard of hearing health care professionals.

After a long day of presentations, everyone enjoyed the opportunity to kick back and relax at AMPHL's dinner social held at The Old Spaghetti Factory. It was a real challenge finding a local restaurant close to the host hotel that had the capability to handle reservations for such a large group of nearly 70 people! So while we had to charter two buses to take people to/from the restaurant instead of people being able to walk to a restaurant from the hotel, and while we had to give people only 3 menu options instead of everyone being able to order whatever they wanted from the menu, we were able to make it happen!! Everyone seemed to have a great time. After getting back to the hotel, quite a few people went out on the town to continue socializing and having fun!

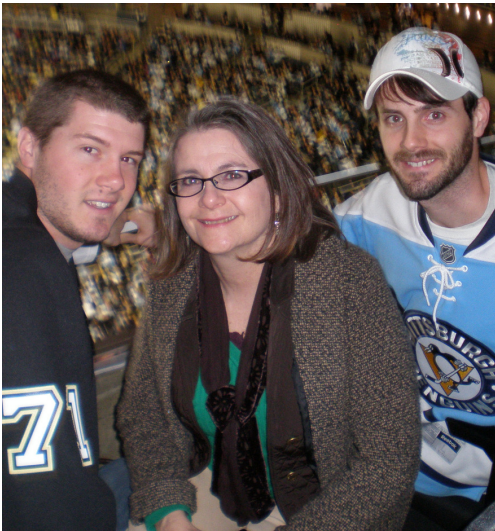
Those who didn't stay out too late on Saturday night made it to the first presentation on Sunday August 7 which was a hot topic for those who use interpreters- Richard Laurion and Laurie Swabey presented on resources and recommendations for interpreters in the medical setting. Sheila Hoover gave a very helpful explanation of vocational rehabilitation and how it can help in professional success. Student Dominic Pisano was up next discussing captioning in the operating room and other clinical settings, which is another option besides clear surgical masks for facilitating communication in the operating room. Marcia Kolvitz moderated two panels after that, one of which had panelists from the lesser represented professions talking about their individual experiences, and the other of which had students and disability service staff members discussing how they work together to create accessibility. Both panels allowed for a nice break from presentations in that it was very interactive and personal experiences were shared. After that, there were presentations more geared to specific professions. Susan Matt captured the attention of all the nurses/nursing students with her discussion of the results of a pilot study of the Nurses' Attitudes Towards Nurses with Disabilities Scale (NANDS). The physicians and medical students were then

drawn to the last 2 presentations of the day. Christopher Moreland and Philip Zazove discussed the results of their national survey of deaf and hard of hearing medical students, residents, and physicians. Shehzaad Zaman and Christopher Moreland presented on a popular topic at previous conferences-surviving medical school and residency.

Everyone had such a great time that they cannot wait for the next conference! We have selected a tentative location of Austin, TX for our next conference, with Christopher Moreland and Sarah Bannon as conference co-chairs. We still have to finalize those plans and decide whether it will be held in 2013 or 2014. Many conference attendees expressed an interest in having a conference in another 2 years instead of 3 years. We will try our best to make that happen, but we may not be able to raise enough money to have another conference that soon. Stay tuned to the AMPHL website for updates on the date and location of the next conference!!

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## SPOTLIGHT



**Julie Dearing, RN, BSN**  
**Toledo, OH**

Born with normal hearing, at age 2 years old, I lost 75% of my hearing but fortunately retained my speech. Since I was speaking in sentences at the age of two, my parents first believed my lack of response was a behavior problem and tried discipline. Once diagnosed, I underwent speech and language therapy from age 3 to 8 years and I was mainstreamed throughout my school years. The fact that I already had developed speech helped in the retrieval and retraining process through speech therapy. Although it was never proven at the time, it is believed the ototoxicity of tetracycline is the cause of my hearing loss

My father a physician, and my mother a teacher, chose mainstreaming with tutoring and supports as opposed to attending a school for the deaf. My mother, who attended Ohio State University was well aware of the schools for the deaf and had concerns about safety in the boarding schools and of course, wanted me to retain my speech. I have two siblings, a brother a year older and a sister a year younger, and many aunts and uncles. My classmates, family, friends, and neighbors were all very supportive of me. They totally believed in me, cheered me on and helped me to develop my social skills during my childhood. If there were any kids that made fun of me, I laughed right along! I really did not experience any cruelty and would not have heard the kids teasing if they did.

I excelled in high school and was a member of several organizations. After getting kicked out of my Spanish class, because of my hearing loss, I placed in the State of Ohio Spanish Scholarship Exam and received honors. The Spanish teacher who kicked me out was the one handing out the awards at the ceremony. My biology teacher was one of a kind. She was a phenomenal teacher with high expectations and truly believed in her students. She was extremely influential in my life during high school and nurtured and inspired my love for science. I always thought I wanted to be a biology teacher like her one day, when I was finished with my nursing career days.

After High School, I went on to learn Swahili; I spent three months in Africa; I met with the Maasai. I took classes at the University of Nairobi, went on several safaris and visited the villages with a group of students from all over the USA, through the American Institute of Foreign Study. My memory of this experience is that it was the best education I ever had. It should be, I went with my biology teacher.

I have wanted to become an RN since as long as I can remember. I picked up injured birds off the road to try to nurse them to health. Some succeeded. Some did not. When my cat died, mom told me it was “just sleeping”. She “slept” in my dollhouse for one week!

Half way through my BSN program with a 4.0 and honors at Chicago Rush, I was dismissed because of my hearing loss. The Dean of Nursing ate a hot fudge sundae during the interview and asked how I would hear a fire alarm. I continued to apply and interview to finish nursing school. During one interview, I was asked if I could read a newspaper-after 2 years of college! These were the most difficult days in my life. I had so many “why?” questions and no answers. I had no one to talk to, knew no other deaf doctors and nurses; I didn’t know what strategies or tools to use, and laws for the education of the deaf were just beginning. Enforcement was another story. I was on my own. My parents helped with phone calls to locate other nurses who were deaf. My mom contacted people to look into transparent masks and videophones. I enrolled at the University of Cincinnati as a “continuing education” student. I kept my mouth shut about what I was really doing. I was taking prerequisites and preparing to finish nursing school, somewhere. As a “continuing education student; dare I say nursing student!

After several rejections, I was finally admitted to Bowling Green State University in Ohio under a blind admission policy. The only information available to them at the time was my name and GPA. I did ask the Dean of Nursing how they felt about having a deaf nursing student. Her answer, “that depends on the individual”. It was painfully hard to start over again as not all my classes transferred; I pressed on. In the meantime, by word of mouth and persistent phone contacts, my mother located Keith Ellen Ragsdale from Texas who became an RN despite her hearing loss. I was able to keep in touch with her during my last two years of nursing school at BGSU. The nursing faculty, as well, found it helpful to contact Keith Ellen when they had questions. Keith Ellen warned me to be prepared to tackle obstacles and attitudes. I graduated from Bowling Green State University with my BSN, member of Sigma Theta Tau, Tri Beta, Alpha Lambda Delta. I co-authored and published an article for a nursing journal, *Breaking Barriers: Facilitating the Education of a Deaf Nursing Student*, *Nursing and Health Care* and presented at a National League of Nursing Convention in Las Vegas, Nevada. . Currently, I am one semester away from completing my Masters in Nursing, Nurse Educator track.

What kept me going was the 3P's: Patience, Persistence, and Prayer. It worked.

After graduation from BGSU, I worked as a staff nurse in the Rehabilitation Unit of the University of Toledo Medical Center, formerly Medical College of Ohio. After marriage and the birth of two sons, I worked part time in the Medical center Psychiatric Unit and Outpatient Pediatrics. I also taught nursing students in the clinical setting at the Medical Center. In 1996, I took a full time nursing position in an Early Childhood Special Needs Program thru the Public Schools and eventually moved to the elementary and Junior High. I have used electronic stethoscopes since my nursing school days and used the Ohio Relay System to make phone calls. Currently, I am working to get upgrades in technology at my workplace to meet the workload and timeframe demands. Unfortunately, it's been a long process and I have the "here we go again" feeling! I am confident now, things will get resolved. This is not something I expected to struggle with in this century! I have been able to reach out to AMPHL members and mentors and receive support. We have more supports and resources than we had 25 years ago!

In 2005, I received a Cochlear Implant and can hear on the phone (basic conversations) for the first time in my life! Initially, the sensory overload unexpectedly made me sick. The rehabilitation process seemed long, but I beat the odds, recovered and persevered.

During the time I was going through nursing school, there were only a handful of [known] deaf/hard of hearing nurses in the USA. My mother made numerous contacts to propose a TV phone, now videophone and see-through masks. I am very proud to see so many wonderful, talented medical professionals at the conference this summer and that my parents are around to see that their dreams for video phone are here and the see-through masks pending!

*Julie is currently working as a school nurse for Kindergarten through eighth grade while finishing up my Masters Degree in Nursing, Nurse Educator track. She was past president of the NW Ohio chapter of SHHH and is now involved in The Daughter Project, and board member of DogWorks, sporting dog rescue. her favorite pastime are spending time with her two sons, walks and visits to the State Parks, and her three Canine companions, Millie, Baron and Heidi.*

# Does the Use of Telecommunications Relay Services Violate HIPAA?



**Michael Stein, J.D.**  
**Rochester, NY**

*This legal column is for educational purposes only and is not to be relied upon as a substitute for legal advice.*

A question that you may encounter in the course of your practice is whether using a telecommunications relay service (TRS) such as video relay services or IP relay services violates the Health Insurance Portability Access Act (HIPAA). Federal agencies have addressed this question and explained that using TRS does not violate HIPAA.

Title IV of the Americans with Disabilities Act mandates the provision of TRS to ensure that individuals who are deaf or hard of hearing have a “functionally equivalent” ability to place and receive telephone calls. 47 U.S.C. § 225. The Federal Communications Commission (FCC) has

implemented rules regulating TRS to ensure its functional equivalence to telephone services.

For example, FCC regulations prohibit communications assistants (also known as relay operators) from “intentionally altering a relayed conversation.” 47 C.F.R. § 64.604(a)(2)(ii). FCC regulations further prohibit communications assistants, subject to an exception, “from disclosing the content of any relayed conversation regardless of content.” *Id.* § 64.604(a)(2)(i). The FCC has interpreted the exceptions permitting disclosure in response to subpoena or “demand of other lawful authority” to “apply only to authorized requests by government officials in connection with specific incidents of possible law violations,” and to be “extremely rare.” *Telecomms. Relay Servs. & Speech-to-Speech Servs. for Individuals with Hearing & Speech Disabilities*, 6 F.C.C.R. 4657, 4660 & n.14 (July 26, 1991). These regulations ensure that individuals who are deaf or hard of hearing can place or receive a telephone call with the same expectation of privacy as anyone else.

Against this backdrop, the FCC and the Department of Health and Human Services (HHS) issued a joint statement explaining that entities covered by HIPAA (such as doctors’ offices) can contact a patient using TRS without violating HIPAA when one party to the call (*e.g.*, the health care professional or the patient) is deaf or hard of hearing. As the FCC explained:

Some health professionals have been concerned that contacting patients and discussing health related information via TRS poses a possible violation of the Privacy Rule because a “third party,” the TRS [communications assistant], hears the information being discussed as the call is relayed. Some state TRS facilities have informed the FCC that health professionals are requiring all of the facility’s [communications assistants] to sign disclosure forms before they will use TRS to contact patients with hearing or speech disabilities.

We therefore emphasize that all forms of TRS, including “traditional” TTY based relay, Internet Protocol (IP) Relay, Video Relay Service (VRS), and Speech-to-Speech (STS), can be used to facilitate calls between health care professionals and patients without violating HIP[A]A’s Privacy Rule.

*Clarification of the use of Telecomms. Relay Servs. (TRS) and the Health Ins. Portability and Accountability Act (HIPAA)*, 19 F.C.C.R. 10,677,

10,677-78 (June 16, 2004). The use of TRS does not violate HIPAA whether it is the health care professional or the patient who is deaf or hard of hearing.

Health care professionals who rely on TRS may want to be proactive and explain TRS in positive terms to the other party to the call. For instance, a health care professional may want to explain that he or she uses TRS to ensure that he or she can communicate clearly over the telephone with the goal of ensuring the best possible care for the patient. Should the other party to the call have questions about the confidentiality of relay calls, the health care professional can explain that relay operators are subject to extremely strict confidentiality requirements.

*Michael Steven Stein is a partner with the law firm Stein & Vargas, LLP, a firm that specializes in disability discrimination cases. Mr. Stein may be reached by e-mail at [michael.stein@steinvargas.com](mailto:michael.stein@steinvargas.com).*

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## ANNOUNCEMENTS

AMPHL was founded a little over ten years ago, so some of AMPHL's staff members decided it was time to honor those who have devoted significant time and energy to AMPHL over those ten years. At the AMPHL conference, seven people were given plaques in recognition of their leadership, development, and contributions to AMPHL:

- Samuel Atcherson
- Stacey Cordwell Carroll
- Candie Corriher
- Kim Dodge
- Becky Morris
- Danielle Rastetter
- Faiz Shakir

To read more about these Special Honorees and what they have done for AMPHL, go to [www.amphl.org/specialhonorees.php](http://www.amphl.org/specialhonorees.php)

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# MEMBER NEWS

**Claudia Glenn, Ph.D.**, graduated with a Doctorate in Physical Therapy in August from the University of St. Augustine. Her paper was entitled Justification of the Inclusion of Disability Studies in the Curriculum of the Entry level Doctorate of Physical Therapy Programs.

**Samuel R. Atcherson, Ph.D.** received notice recently that he will be receiving both the Excellence in Teaching Award and the Inaugural Excellence in Research Award from the College of Health Related Professions at the University of Arkansas for Medical Sciences on October 7, 2011. He will be the first in the history of the College to receive two awards in a single year to commemorate the 40th Anniversary of the College, which now has 19 different academic programs, including a new Physician Assistant program. For winning the Excellence in Teaching Award at the College level, he will also receive an Excellent in Teaching Award from the Chancellor. Dr. Atcherson also published the following articles:

1. Stoody, T.M., Saoji, A.A., & Atcherson, S.R. (2011). Auditory mismatch negativity: detecting spectral contrast in modulated noise. *Perceptual and Motor Skills*, 113(1), 268-276.
2. Atcherson, S.R. (2011, August 8). Ask the Expert: Listening scopes for fitters/dispensers with hearing loss. [www.audiologyonline.com](http://www.audiologyonline.com)
3. Nicholson, N., Spann, J., & Atcherson, S.R. (2011, July 1). Showstoppers: Here are highlights from the new hearing products presented at the AudiologyNOW! expo. *Hearing Health*, 27(3), 24-29.
4. Atcherson, S.R. (2011, May 2). Ask the Expert: Vehicle modifications for hearing impaired drivers. [www.audiologyonline.com](http://www.audiologyonline.com)

**Philip Zazove, M.D.**, was appointed Interim Chair of the Department of Family Medicine at the University of Michigan. The Department has been ranked in the top 5 Family Medicine programs for a decade now, and has 67 faculty, 5 inpatient services, and 5 Family Medicine clinics, as well as over \$2M in grants.

**Emily F. Christiansen, DVM, MPH**, just started a residency in Zoological Medicine (Aquatics focus) at North Carolina State University College of Veterinary Medicine.

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