

I AM **DEAF-BLIND**

WITH UNIQUE

COMMUNICATION NEEDS.

I have a disability and I require accommodations while I am under your care:

1. Please keep a copy of this document visible at the top of my chart.
2. Please hang this in a prominent place in my hospital room while I am in the hospital.
3. Please communicate with me using clear, plain language.
4. I need communication-related accommodations to communicate effectively and to provide informed consent.
5. If you have any trouble providing my requested communication supports, please make a call to my emergency contact who can help.