Per federal regulations, VRI does not provide effective communication unless it meets all of the following criteria:

1) Real-time, full-motion video/audio over high-speed, wide-bandwidth video/wireless connection that delivers high-quality video that does not produce lags, blurry or grainy images, or pauses in communication.

2) A sharply delineated image large enough to display interpreter's face, arms, hands, and fingers, and participating individual's face, arms, hands, and fingers, regardless of body position.

3) A clear, audible transmission of voices.

4) Adequate training to users of technology so that they may quickly and efficiently set up and operate the VRI.

I need a sign language interpreter on site because (choose one or more):

1) I cannot see the VRI screen.
2) The VRI screen is too small; I cannot understand the interpreter.
3) The VRI machine keeps freezing and/or pixelating; I cannot understand the interpreter.
4) The VRI interpreter cannot hear you and therefore cannot interpret.
5) The VRI machine has disconnected too many times. It is not reliable.
6) The personnel here do not know how to set up the VRI machine.
According to the National Association of the Deaf (NAD), VRI is *not* appropriate for the following types of patients:

* Patients with an injury that impedes their ability to view the screen;
* Patients who are heavily medicated or intoxicated;
* Patients who are highly emotional or present with violent tendencies;
* Patients with cognitive limitations;
* Patients with a secondary disability (e.g., low vision);
* Children.

According to the National Association of the Deaf (NAD), VRI is *not* appropriate for the following types of situations:

* Highly sensitive communications (e.g., diagnosis or discussion of a serious illness);
* Initial meetings with a specialist;
* Eye exams;
* Some mental health settings;
* Some occupational and physical therapy sessions;
* Patient transport.

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