

Request or Refusal for Interpretation Services

Language Assistance Services

You have the right to interpretation services to help you speak with and understand your health care provider and office staff.

Please complete the following statements. Check all that apply.

I need an interpreter.

Yes, I need an interpreter to speak to my health care provider and office staff.

I prefer to speak the following language: _____

I do not need an interpreter.

I do not need, or want, an interpreter.

I need an interpreter, but I prefer to use my family, friend, or health care provider office staff as an interpreter.

By signing below, I confirm that I have been offered a telephone interpreter to help me speak with, and understand, my health care provider or office staff.

Patient name (please print): _____

Patient signature: _____

Date: _____