

PATIENT ACKNOWLEDGEMENT FORM FOR INTERPRETER SERVICES

We will provide a person who speaks your language to help you communicate with your doctor or other health care provider during your medical visit. This person is called an 'interpreter' and is trained to do this work. You do not have to pay money for this interpreter service.

Your name: _____

Please read each line below and place a mark in the box, if you understand.

- I may have an interpreter who speaks my language to help me speak with my doctor or others in the office during my medical visit.
- I will pay no money for this interpreter service.

Please mark one of the two boxes below:

- Yes, I want to have this interpreter service during my office visit, in this language: _____
- No, I do not want this interpreter service. _____

Print your name or print the name of the person who makes medical decisions for you.

Your Signature or the signature of the person who makes medical decisions for you.

To Be Completed by Office Staff: Patient Identification Number