

**PATIENT ACKNOWLEDGEMENT FORM
FOR INTERPRETER SERVICES**

We will provide a person who speaks your language to help you speak 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 _____