

# Request or Refusal for Interpretation Services

## Language Assistance Services

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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: \_\_\_\_\_