



Request/Refusal Form for Interpretive Services

Patient name: _____

Primary language: _____

I understand it is my right to receive interpreting services at no cost. I acknowledge that I was offered these services. I also understand that using the following is discouraged:

- family members
- minors
- friends
- a person that has not been trained as an interpreter

Please check an option below:

- Yes - I request interpreting services. Language: _____
- No - I do not need an interpreter. I am able to speak to my Provider in English.
- I will rely on my Provider or office staff to interpret.

Please list special request here:

Patient Signature

Date

Please copy for EMR/EHR use