



Patient or Companion Waiver (Refusal) of Interpreter Services

*This waiver of Interpreter Services
applies to all M Health Fairview locations.*

Patient ID Label
(If no label, please write MRN and DOB)

M Health Fairview provides free interpreter services to patients and companions to ensure effective communication. **I understand that:**

- **I have the right to a qualified interpreter.**
 - M Health Fairview is required by federal and state law to provide a qualified medical interpreter free of charge.
 - Interpretation may be provided in-person or by phone or video.
 - This interpreter can help me understand my health care. They will not share my information.
- I may decline (say no to) Fairview's offer of a qualified interpreter. I also understand that if I say no:
 - Friends and family may not have training to interpret in a health care setting. They may lack skills and knowledge of medical terminology and a fair viewpoint. This increases the risk for errors.
 - Friends and family will not be paid to interpret.
 - For my safety, my care team may choose to use a qualified interpreter, if needed, even if I have declined.
 - I may change my mind (cancel this waiver) at any time and request a qualified interpreter at no cost.

I have reviewed, understand, and agree to all the information explained in this document.



Patient Signature

Date

Time

Printed Name of Patient

☐ **I will check this box if I do NOT
want a qualified interpreter.**



Companion Signature

Date

Time

Printed Name of Companion

☐ **I will check this box if I do NOT
want a qualified interpreter.**



Witness Signature (Staff or Provider)

Date

Time

Printed Name of Witness

Patient or Companion Waiver (Refusal) of Interpreter Services

*This waiver of Interpreter Services
applies to all M Health Fairview locations.*

Patient ID Label
(If no label, please write MRN and DOB)

THIS PAGE SHOULD BE COMPLETED BY THE PROVIDER:

Waiver is **ONLY** valid for:

- ☐ This admission/hospital stay (Inpatient)
- ☐ This visit (Outpatient)

Waiver is for:

- ☐ Patient or legal decision-maker
- ☐ Companion

Interpreter information (provider to fill in):

Printed Name of Interpreter, if used

Date

Time

Agency or Employer (if interpreting in person)

ID# (if interpreting by video or phone)

Was this waiver verified with a qualified interpreter present?

☐ Yes ☐ No

Explanation of Waiver

- This waiver can be cancelled at any time by the original requestor.
- Providers and staff may opt to use an M Health Fairview-authorized interpreter regardless of waiver status.

Providers and staff must:

1. **Complete** a waiver when patients or companions refuse offered services from an M Health Fairview-authorized interpreter.
2. **Verify** this waiver through an M Health Fairview-authorized interpreter (by phone, video or in person).
3. **Send the completed waiver to HIM** to be scanned into the patient's electronic medical record (EMR).
4. **Document** in the patient's electronic medical record that the waiver was completed.