

Note: For Communication Assessment form, please use SMARTworks #501515 (www.fvfiles.com/501515).



Patient Waiver of Interpreter Services

I understand that Fairview is required by both federal and state law to provide me a qualified interpreter free of charge to assist me in receiving medical services.

I decline Fairview's offer of a qualified interpreter. I understand that friends and family will not be compensated for interpreter services given voluntarily.

I understand that Fairview may choose to use a qualified interpreter to help with communication, even if I have refused, if Fairview staff feels this is needed for effective communication.

Waiver verified through an interpreter: *Yes* *No*

If not, please explain: _____

Signature of patient: _____

Date and time of signature: _____

(For inpatients: Please document subsequent use of interpreter services on the progress notes)