Interpreter Agreement

As an interpreter, you play an important role in determining the level of care we can provide to our patient. In order to ensure the medical safety of the patient, we depend on you to communicate our questions and information to the patient and to communicate their questions and needs to us.

The following suggestions will help us provide the best possible care:

1. XXXX Health Center provides a supportive and non-judgmental environment for all our patients. We ask that you assist us in this effort.
2. Please interpret all written materials, including this document.
3. Please interpret the educational consent video.
4. Please help the patient complete their paperwork.
5. Please interpret as closely as possible everything that the staff persons say; as well as everything the patient says during their appointment.
6. Please let the staff person know if you do not understand what they are saying.
7. Please let the staff know if you are aware of any culturally specific beliefs that may affect the care we provide.
8. Please remember that we are here to meet the patient’s health care needs, and to prepare the patient for whatever service they are requesting. We cannot answer any of your unrelated questions during this time.
9. All information shared with you today is strictly confidential and should not be discussed with anyone outside of the clinical staff.

I have read the above Interpreter Agreement and have interpreted it for the patient. I agree to follow these suggestions to the best of my ability.

Date _______________ ___________________ ___________________

Interpreter Signature         Patient Signature                 Staff Signature

Thank you for your assistance in these important matters. We very much appreciate the help that you will be providing.