NOTICE OF SERVICES FOR INTERPRETER SERVICES
AT ROSE MEDICAL CENTER

Our staff wants to communicate effectively with you and your family members. Please fill out this paper and return it to your nurse. **All of the services are free of charge to you.**

Would an interpreter/ auxiliary aid help us communicate effectively with you? ☐ **Yes** ☐ **No**

If you can check YES, we will get, at no cost to you, any of the following interpreter or auxiliary aids that *are available* and appropriate unless you fill out the waiver form.

Oral interpreter (if available) Language: _____	☐ Yes ☐ No
Interpreter telephone	☐ Yes ☐ No
Sign language interpreter	☐ Yes ☐ No
Computer Assisted Real Time Captioning (CART) (if available)	☐ Yes ☐ No
Written material reformatted into large print.	☐ Yes ☐ No
Secondary auditory programs (SAP) (if available)	☐ Yes ☐ No
Assistance in filling out forms	☐ Yes ☐ No
Qualified reader (if available)	☐ Yes ☐ No
Other (please explain)	

_____
_____
_____

_____ _____ _____ ☐ ☐ a.m. /p.m.
Signature Date Time

A copy of Rose's policies for ADA effective communication are available free upon request. Please initial here if you would like to receive a copy of these policies. _____ (Initials)

Health ONE ROSE Medical Center

* A D I M N *

Form 2130 061214

Patient Information/Label

WAIVER OF INTERPRETER SERVICES

COMPLETE IF YOU WAIVE INTERPRETER SERVICES AND DO NOT WANT ROSE MEDICAL CENTER TO PROVIDE AN INTERPRETER

I, _____, understand that I have a right to be provided a free qualified interpreter or Auxiliary Services by Rose Medical Center to communicate with its staff and doctors effectively. However, **I DO NOT WANT A FREE QUALIFIED INTERPRETER or AUXILIARY SERVICES** to be provided to me.

I prefer to communicate using:

_____

_____

_____

_____

I understand that at any time I can change my mind about this request by telling Rose's employee that I want an interpreter to be provided by _____.

_____	_____	_____ ☐ a.m. ☐ p.m.
Signature	Date	Time

Health ONE ROSE Medical Center

* A D I M N *

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Patient Information/Label