



ACKNOWLEDGEMENT AND REFUSAL OF INTERPRETATION SERVICE

Advocate Aurora Health has offered you language assistance at no cost to you provided by a qualified medical interpreter who is trained to protect your privacy. A qualified medical interpreter understands your language and medical terminology related to your encounter.

YOU ARE NOT REQUIRED TO PROVIDE YOUR OWN INTERPRETER

You have the right to:

- Interpreter services at no cost
- Refuse the offered interpreter and proceed with your own interpreter (must be at least 18 years old)

If you decide to use an Advocate Aurora Health qualified medical interpreter or auxiliary services at no cost, you just need to notify a nurse or other member of your patient care team who will arrange for the provision of the interpreter services.

Should you choose to utilize your own interpreter, whether a family member or companion, you acknowledge that person may not have formal training in medical terminology and may, among others:

- Give you or your care team incorrect information that could compromise your care;
- Add or leave out information;
- Learn information about you that you may not wish to be known;
- Tell others information about you that would otherwise be private; and/or
- Misunderstand your doctor, nurse, or other member of your care team.

Refusal of Advocate Aurora Medical Interpretation Services

Advocate Aurora Health has explained to me, in my own language, the risks of refusing to use the offered qualified medical interpreter. I also understand for safety purposes my provider may utilize a qualified medical interpreter to ensure effective communication. I also understand that if I am receiving emergency medical services my provider may use a qualified medical interpreter even if I would prefer to provide my own interpreter. Further, I understand that in a non-emergency situation, if I refuse to allow my provider to use the assistance of a qualified medical interpreter and my provider feels the appointment cannot be safely conducted without an interpreter, the provider may end a non-emergent encounter.

I understand the risks associated with providing my own interpreter and I choose to decline the interpreter offered by Advocate Aurora Health and will provide my own interpreter.

Patient Selected Interpreter: _____ Relationship to Patient: _____

Date: _____ Time: _____ Patient Signature: _____
(or Parent/Legal Guardian/Patient Representative)

Date: _____ Time: _____ Team Member (Witness) Signature: _____

Date: _____ Time: _____ Interpreter Name/ ID: _____

Language Interpreted: _____

