



CHILDREN'S PROGRAM

NAME: DOB: DATE:

Consent Form for Use of Language Interpreter

For The Client:

I hereby give my permission for the Children's Program to use a language interpreter for the purposes of communicating medical information on the date of service indicated above. I understand that the interpreter will have access to my medical information, only through the interpretation of this information. I understand that the interpreter will NOT have access to my written medical records.

Language Required: _____

Client Signature _____ Date _____

Witness/Title _____ Date _____

For Interpreter:

I, _____ (Interpreter Name), agree to accurately interpret written and verbal communication between the above client, the staff and volunteers of the Children's Program in the above language. I agree to maintain client confidentiality in accordance with the Children's Program's privacy and confidentiality policies.

Interpreter Signature _____ Date _____

Relationship to Client _____

Witness/Title _____ Date _____