Interpreter Services Declination Form

It is the goal of Dermatology & Skin Health to provide each patient and their family with effective communication regarding their medical treatment. It is our understanding that you have chosen to decline the Interpreter Service offered to you at no cost because:

_____ **The Interpreter / Service offered does not meet my expectations.** Please specify:

_____

_____

_____ **I prefer to utilize an Interpreter / Service that is accompanying me. I understand that I am responsible for any charges incurred.**

_____ **I do not want an Interpreter /Service.**

_____ **Other**. Please specify:

_____

_____

I understand that I may change my mind at any time by notifying a staff member and requesting an Interpreter/Service. At that time, an attempt will be made to obtain the requested Interpreter / Service.

_____ **I have read and fully understand the information on this declination form.**

_____ **This form was read to me via over-the-phone Interpreter Service and I fully understand the information on this form.**

_____

Patient Signature Patient Name (Print) Date

_____

Employee Signature

Dermatology & Skin Health reserves the right to acquire Interpreter Services during your treatment in order to assist our staff in providing you with the highest quality care.

Please, scan the original into the patient's medical record.