



Department: \_\_\_\_\_

**WAIVER OF  
MGH MEDICAL INTERPRETER SERVICES**

**Clinicians:** If the patient does not speak English, an MGH medical interpreter **must interpret** this waiver for the patient. The interpretation can be face to face, over the telephone or by video.

Please sign this form if you do not want help from a professional medical interpreter to communicate with hospital staff.

I understand that:

- MGH provides professional medical interpreters.
- I do not have to pay for a professional medical interpreter to help me communicate.
- Medical interpreters are available to help in person, over the telephone, or by video.
- Medical interpreters can help me communicate in my language with MGH staff.
- Medical interpreters interpret the medical words and explanations of treatments and procedures and their risks, as stated by the doctors, nurses and other MGH staff.
- Medical interpreters interpret my questions, answers and explanations to the MGH staff.

I understand that:

- MGH wants hospital professional medical interpreters to help me communicate in my language with MGH staff.
- MGH encourages me to use the service of an MGH medical interpreter rather than a family member or friend.

I choose not to work with the MGH medical interpreter because:

\_\_\_\_\_ I want \_\_\_\_\_ to interpret for me.

(Write the person's name in print)

AND he/she is fluent in my language, \_\_\_\_\_ and fluent in English  
AND he/she is eighteen (18) years of age or older.

\_\_\_\_\_ I speak English well enough to communicate with my medical providers and I do not need the help of an MGH medical interpreter.

An MGH medical interpreter has interpreted this form to me in my language.

\_\_\_\_\_  
Patient (or guardian) signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dept. Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
MGH Medical Interpreter (Name or ID)

\_\_\_\_\_  
Date

**FOR DEPARTMENT USE ONLY:**

**Provider: read the form to the patient / guardian. Allow time for the interpreter to interpret.**

- If the interpretation is over the telephone or by video: record interpreter's complete name or ID number.
- If the interpretation is face to face: obtain medical interpreter signature