



Waiver of Interpreter's Services

I, _____ (*Client's name*) have been told of my right to have free interpretation services from _____ (*service provider*). I understand that I am entitled to these services at no cost to me or my family.

I am choosing to provide my own interpreter at this time. The name of my interpreter is _____ . To the best of my knowledge, this person is 18 years old or over. This person will provide services to me beginning on _____ (*start date*) through _____ (*end date*) .

I understand that I can end ("revoke") this waiver at any time and be able to use the services of an interpreter at no cost.

I also understand that this waiver does not give permission for any interpreter to act as my authorized representative.

This form was translated for me and I understand it.

Client/patient

Signature _____ Date _____

Interpreter's

Signature _____ Date _____

Service provider's

Signature _____ Date _____

This section for future use

I choose to end (revoke) this waiver.

Signature _____ Date _____