

## Sample Waiver of Interpreter Services

Name of NH DHHS Sub-recipient / Vendor has offered you free interpreter services provided by a skilled interpreter who is trained to protect your privacy. That person understands your language and also words related to the program or service you are seeking or receiving. There are risks if you choose to proceed without the help of an interpreter or to have a family member or friend interpret for you. That person may:

- Not know the correct words and give you wrong information
- Add or leave out information
- Learn things about you that you may not want to share
- Tell others about your health condition or life situation
- Misunderstand what your caregiver or service provider says

Each of these risks can be a problem for you. They can be harmful to the services you receive. So, we want to make sure you understand the possible risks.

\*\*\*\*\*

You have explained the risks to me in my own language. I understand these risks and still choose not to have a trained interpreter.

\_\_\_\_\_  
Client's Signature Date

\_\_\_\_\_  
Service Provider's Signature Date

\_\_\_\_\_  
Interpreter Signature, if present Date

If interpreted by phone, interpreter name or #:

### Explanation of Document (for providers and staff)

NAME OF DHHS CONTRACTOR policy requires that trained interpreters interpret for Limited English Proficient and Deaf/Hard-of-Hearing clients in order to ensure client safety and accurate communication between the client and his/her service team. Clients have the right to refuse the interpreter and to have a family member or friend interpret, but the potential risks of using an untrained interpreter must first be explained to them in their language. They must also sign this form each time they waive interpreter services, and it must be placed in their permanent record. The trained interpreter will remain in the room in order to intervene in the event that the family member/friend is unable or unwilling to interpret correctly.