

**MARTIN LUTHER KING, JR.  
OUTPATIENT CENTER  
POLICY AND PROCEDURE**

<b>DIVISION:</b> PATIENT CARE SERVICES	<b>NUMBER:</b> 6.301
<b>SUBJECT:</b> INTERPRETER ATTESTATION FORM DURING INFORMED CONSENT	
<b>SECTION:</b> LOW ENGLISH PROFICEINCY AND INTERPRETER SERVICES	<b>PAGE:</b> 1 <b>OF:</b> 2
<b>REVIEWED BY:</b> POLICY AND PROCEDURE COMMITTEE, AND MEDICAL EXECUTIVE COMMITTEE	<b>EFFECTIVE DATE:</b> 03/02/11
<b>TO BE PERFORMED BY:</b> ALL APPLICABLE STAFF	<b>REVIEWED DATE:</b> 5/2014, 5/2016 <b>REVISED DATE:</b>

### **PURPOSE**

To ensure documentation of interpretation during informed consent in the patients preferred language.

### **POLICY**

When a Limited English Proficiency (LEP) patient and/or legal representative requires assistance of an interpreter in order to fully participate in an informed consent process with his/her clinician regarding a medical procedure, the interpreter must complete the Attestation Form (Attachment) to document the oral interpretation of the information contained in the informed consent process, including any documents and physician/patient interaction.

A designated bilingual employee or staff interpreter, contracted interpreter, qualified bilingual volunteer, or remote interpreter by telephone or video is required to interpret the medical information/the informed consent at no cost to the patient. If a patient insists on using a family member or a friend to interpret the required medical information and the informed consent, a qualified interpreter provided by the facility will still be utilized to ensure that an accurate rendering of the information is offered to the patient.

### **PROCEDURE**

1. All informed consent interactions between the clinician and LEP/hearing impaired patient require participation of an interpreter if the clinician is not fluent in the patient's respective language. The Interpreter Attestation Form is used to document the interpretation process, including the name of the patient, name of the healthcare provider and the consent form; information about the medical procedure and the language read to the patient.
2. All interpreters must sign the Interpreter Attestation Form upon completion of any interpretation except in cases where telephonic or video interpreting has been used. The clinician is responsible for completing the form with appropriate information if interpreter is not physically present to sign.

### **REFERENCE**

The Health and Safety Code of California requires health care facilities to provide language assistance services to patients with "language or communication barriers". Title VI of the Civil Rights Act of 1964 requires federal fund recipients to ensure that eligible Limited English Proficiency (LEP) persons have "meaningful access" to health services. Staff is required to obtain interpreter services which comply with OPC Administration policies MA 404 – Language Access for Limited English Proficient and Hearing Impaired Patients, and MA 416 – Interpreter Service for the Hearing Impaired

**NOTED AND APPROVED:**

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Cynthia M. Oliver, Chief Executive Officer

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Date

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Ellen Rothman, M.D., Chief Medical Officer

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Date

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Lessie Barber, R.N., Nursing Director

\_\_\_\_\_  
Date

Signature(s) on File.