

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

SUBJECT: II-122 DOCUMENTING USE OF INTERPRETATION SERVICES DURING INFORMED CONSENT DISCUSSIONS	POLICY #: 1049
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DATE APPROVED: 06/28/2016	

PURPOSE: To ensure that an interpreter understands his/her role in the translation process during informed consent discussions and documentation of the exchange of information.

POLICY: The Interpreter Attestation Form (HS1001) must be completed when an interpreter is required to translate the discussion between a patient and/or legal representative and a physician, as it relates to a medical/surgical procedure, for the purpose of obtaining an informed consent and/or the oral interpretation of information contained on the informed consent.

A designated bilingual employee or staff interpreter or telephone interpreter service is required to translate the medical/surgical information provided to the patient in order to give an informed consent, at no cost to the patient. If a patient insists on choosing a non-facility affiliated interpreter, a family member or a friend to translate the required medical information and the informed consent, it must be documented in the medical record that there was an offer of a facility affiliated interpreter which was rejected, stating the reason and the name of the person serving as interpreter. This interpreter will also be required to sign the Interpreter Attestation Form. Under no circumstances may a minor, younger than eighteen years of age, be recruited to interpret during this process.

PROCEDURE:

1. All interpreters are required to translate the exchange of each interaction between the patient and physician as it relates to the signing of the informed consent. This may include the oral interpretation of the information on the consent form/documents if they are not printed in the patient's native language and time does not permit such a printing.
2. The Interpreter Attestation Form is used to document the interpretation process, including the name of the patient, name of the healthcare provider and consent form/information about the medical/surgical procedure and the language read to the patient.

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If the consent is in the patient’s native language, the interpreter is not required to document “reading” the form to the patient.

3. All interpreters must sign the Interpreter Attestation Form upon completion of any translation, as indicated in number 1 and 2 above.

4. Interpretation services may be provided by one of the following:
 - a. Bilingual employees or staff interpreters
 - b. Contracted interpreters from outside agencies
 - c. Designated bilingual volunteers
 - d. Telephone interpretation services

5. The interpreter must also document the oral interpretation of the informed consent by signing the Interpreter Attestation Form. The signed original form is filed in the medical record in front of the consent form(s).

6. If someone other than High Desert Regional Health Center-Ambulatory Surgical Center employee or affiliated representative provides an oral interpretation of the information related to informed consent, he/she must sign the Interpreter Attestation Form, indicating his/her title or relationship to the patient in the space provided. If he/she refuses to sign the form, this must be noted in the space below the signature line, indicating the name of the person, tile, and relationship to the patient.

7. If a telephone interpretation service is necessary, staff must document the operator’s ID number noting the date and time of this transaction provided on the Interpreter Attestation Form.

REFERENCES:

California Healthcare Association Consent Manual
 DHS policy # 314, Informed Consents
 DHS policy# 314.2, Documenting Use of Interpretation Services during Informed Consent Discussions

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