

I hereby release the Ohio State University Medical Center ("OSUMC") and its physicians and staff from any and all liability arising from my refusal to use the free services of a qualified medical interpreter who is trained in medical terminology.

I understand that:

- OSUMC offers the interpretive services to me at no charge.
- OSUMC recommends the use of a specially trained medical interpreter so that medical information is presented accurately and completely.
- The interpreter is bound by contract and by ethical standards to hold my medical information in confidence and not disclose it to anyone other than my caregivers.

Because I am choosing not to use the free services of a trained and qualified medical interpreter, OSUMC and its physicians and staff will not be responsible for any claims arising from mistaken, inaccurate or incomplete interpretation of information, either from me to my caregivers or from my caregivers to me, regardless of the nature of the claim or the events resulting from the mistaken, inaccurate or incomplete interpretation,

Please complete the following if you are choosing to provide your own interpreter:

..... will act as my interpreter,
Name of Interpreter

Interpreter's Telephone Number(s)

I understand that:

- The person acting as my interpreter must be over 18 years of age.
- OSUMC will not accept a bill from or pay for the services of the interpreter,
- OSUMC reserves the right to have an interpreter present to assure that information is being communicated accurately and completely.
- I can change my mind and request the free services of a trained and qualified medical interpreter at any time during my course of treatment.
- This waiver pertains to interpreter services only, and does not entitle my interpreter to act as my Authorized, Representative.
- By placing my signature below, I acknowledge that I understand the content of this form* and that any questions that I have regarding this form have been answered to my satisfaction.

Patient/Authorized Representative _____ *Date* _____

Interpreter _____ *Date* _____

Interpreter Employer or Agency Name _____

The completed waiver form should be placed in the patient's chart.

THE OHIO STATE UNIVERSITY MEDICAL CENTER

Patient Name:

Medical Record Number:

Date of Birth:.

WAIVER OF FREE INTERPRETIVE SERVICES FORM





Waxa aan halkan ku cadeynayaa in cisbitaalka Ohio State University Medical Center (“OSUMC”) iyo dhakhaatiirtiisa iyo shaqaalihiiisa aanay wax mas’uuliyad ahi uga iman karin diidmada aan diiday in aan isticmaalo adeegga lacag la’ aanta ah ee turjubaan caafimaad oo la aqoonsan yahay oo ku tababartay erey-bixinta caafimaadka.

Waxa aan fahmay waxyaabahan:

- OSUMC wuxuu bixiyaa adeeg turjubaan oo aan lacag la iga rabin ama bilaash ii ah.
- OSUMC wuxuu ku taliyaa in la isticmaalo turjubaan caafimaad oo si gaar ah loo tababaray si warka caafimaadka si sax ah oo dhameystiran loogu soo bandhigo.
- Turjubaanka waxa qabanaya heshiis uu galay iyo xeerar anshax oo sugaya in warkayga caafimaadka qarsoodi laga dhigo, oo aan loo sheegin cid aan ahayn daryeeleyaashayda.

Sababta oo ah waxa aan doortay in aanan isticmaalin adeegga lacag la’ aanta ah ee turjubaan caafimaad oo tababaran oo la aqoonsan yahay, cisbitaalka OSUMC iyo dhakhaatiirtiisa iyo shaqaalihiiisu mas’uul kama noqon doonaan, wixii ah sheegasho ka imanaysa tarjumid war oo qaldan, aan sax ahayn ama aan dhameystirnayn, kaasoo ka yimid aniga oo la siiyay daryeeleyaashayda ama ka yimid daryeeleyaashayda oo aniga la i siiyay, si kasta ha ahaato nooca sheegashada ama xaaladaha keenay tarjumidda khaladka ah, aan sax ahayn ama aan dhameystirnayn.

Fadlan buuxi meelahan soo socda haddii aad dooratay in aad adigu keensatid ama la imanaysid turjubaan gaar kuu ah:

_____ ayaa turjubaan ii noqon doona.
Magaca Turjubaanka

_____ *Lambarka Taleefonka Turjubaanka*

Waxa aan fahmay waxyaabahan:

- Waa in qofka ii noqonaya turjubaan ay da’ diisu ka weyn tahay 18 jir.
- Cisbitaalka OSUMC ma ogalaan doono biil ama kharash ka imanaya turjubaanka ama ma bixin doono kharashka adeegga turjubaanka.
- OSUMC waxa uu xaq u leeyahay in turjubaan uu goobta keeno si loo sugo ama loo habsado in warka si sax ah oo dhameystiran loo gudbinayo.
- Wakhti kasta inta lagu jiro daweyntayda, waxa aan beddeli karaa go’ aankayga waxana aan weydiisan karaa adeegga turjubaan caafimaad oo tababaran oo la aqoonsan yahay.
- Ogalaanshahani waxa uu ku saabsan yahay, kaliya adeegga tarjumidda ama turjubaanidda, mana aha mid turjubaankayga xaq u siinaya inuu ii noqdo Wakiil Amar Haysta.
- Marka aan halkan hoose saxiixo, waxa aan qirayaa in aan fahmay warqaddan ama foomkan iyo in su’aalaha aan qabay ee ku saabsanaa warqaddan looga jawaabay si i qancisay.

Bukaanka/Wakiilka Amar Haysta _____ *Taariikh* _____

Turjubaan _____ *Taariikh* _____

Magaca Cidda uu Turjubaanku u Shaqeeyo ama Shirkadda _____

Waa in warqadda ogalaanshaha ee la buuxiyay la galiyo faylka ama galka bukaanka.

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