



**Faculty Group Practice
PATIENT CONSENT FORM FOR INTERPRETER SERVICES**

I understand the NYU Faculty Group Practice’s policies to ensure equal access to all patients. This may include the use of professional interpreters so patients and families who prefer to communicate their healthcare in a language other than English and their doctor can communicate effectively. I understand that I do not have to pay for these services.

I agree to having a professional interpreter present when I meet with my doctor to discuss medical information. I understand that the interpreter follows a professional code of ethics which means that all information discussed with my doctor or his staff is confidential

My preferred language is: _____

Interpreter
Name: _____
Print Name

Interpreter Provided: _____
Telephonic Face to Face

Permission Given by: _____
Print Name of Patient or Parent/Guardian

Signature of Parent or Guardian

Date: _____

Witnessed
by: _____
Practice Representative – Name & Title