



**DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES**

**SUBJECT: DOCUMENTING USE OF INTERPRETATION SERVICES DURING
INFORMED CONSENT DISCUSSIONS**

POLICY NO. 314.2

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

The Health and Safety Code of California requires licensed general acute care hospitals 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 DHS Policy # 318.

POLICY: The Interpreter Attestation Form must be completed when an interpreter is required to translate the discussion between a patient and/or legal representative, and physician as it relates to a medical 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, contracted interpreter, designated bilingual volunteer, or telephone interpreter service is required to translate the medical information/the informed consent at no cost to the patient. If a patient insists on choosing a non-facility affiliated interpreter or a family member or a friend to translate the required medical information and the informed consent, the medical record must document 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 it is 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 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 service

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

6. If someone other than a hospital employee or facility 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, title, 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.

CROSS

REFERENCE: DHS Policy # 318, Non-English And Limited English Proficiency
DHS Policy # 314, Informed Consents

AUTHORITY: California Healthcare Association Consent Manual 2001
Health and Safety Code 1259
Title VI Civil Rights Act of 1964

EFFECTIVE DATE:

SUPERSEDES:
Policy No. 314.2
Dated December 15, 2001

APPROVED:

1-pt cut sheet, no backer.

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

INTERPRETER ATTESTATION DURING INFORMED CONSENT

Complete one or more of the section(s) below:

I. ORAL COMMUNICATION

This is to certify that I, _____ have completely and accurately orally interpreted, in the patient's or patient's legal representative's language, all of the information told to

Name of Interpreter

_____ by _____ ,
Name of Patient Name of Health Care Provider

and have completely and accurately orally interpreted all communication between the patient and/or legal representative with the above named health care provider. I have asked the patient and/or legal representative if he/she understood all the terms and conditions and he/she acknowledged consent to the procedure by signing the consent form in my presence.

Signature of Interpreter Title or State Relationship to Patient Date

II. ORAL INTERPRETATION OF CONSENTS/DOCUMENTS

The document(s) for the signature of the patient is(are) in a language other than the native/spoken language of the patient.

I, _____, certify that I have accurately and completely

Name of Interpreter

Check one: READ INTERPRETED THE PROVIDER'S EXPLANATION of

_____ to the patient and/or legal
Name of Consent and/or Any Other Documents

representative in _____, which is the native/spoken language of the patient

Language

and/or legal representative. He/she understood all of the terms and conditions and acknowledged his/her agreement thereto by signing the document(s) in my presence.

Signature of Interpreter Title or State Relationship to Patient Date

III. TELEPHONE INTERPRETATION SERVICE

Interpretation of information and/or consent documents was provided in _____
Language

by Telephone Operator ID # _____ ; _____ and _____ .
Number Date Time

IMPRINT PATIENT'S I.D.

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