

INTERPRETER SERVICES STATEMENT AND CONFIDENTIALITY AGREEMENT

Case Name:	Case Number:
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A. Please read the following statement before completing this form:

The County prefers to use certified bilingual staff or trained interpreters when speaking with you. County employees are knowledgeable about all programs and services and are required to keep the information you share confidential. However, you can choose to use your own interpreter. (A minor cannot be used unless it is an emergency.)

Please be aware that your interpreter may not translate important information correctly. Translation errors may affect how much help or aid you get from the county. Errors may occur because of hard-to-translate concepts and program language. Your own interpreter may not understand the special vocabulary.

The county must ask you sensitive and personal questions. Having a friend or family member interpret might make it hard for you to tell us the sensitive and personal information that may be needed to determine your eligibility. We cannot guarantee that your interpreter will maintain confidentiality of your information.

This agreement does not waive your right to request an interpreter from the County. At any time, you may stop using your own interpreter and request a free interpreter from the County.

B. Interpreter Services Statement (to be completed and signed by the customer):

I, _____ prefer to communicate in _____.
 (Customer's Name) (Specify Language)

I have been informed by the county that I have the right to a free interpreter. I also have the right to use my own interpreter.

I want to use my own interpreter. I know that there may be problems of miscommunication by using my own interpreter and that sensitive information may be discussed during the interpretation.

I give permission to my interpreter named below to hear and interpret information in my interviews with the county. **My understanding and this agreement for using my interpreter named below applies for future interviews.**

_____ Date
 Customer's Signature

C. Interpreter Confidentiality Agreement (to be completed and signed by the interpreter):

I, _____ speak both English and _____.
 (Interpreter's Name) (Specify Language)

I agree to keep information interpreted in interviews with the county confidential and will not repeat the information to anyone.

My relationship to _____ is _____.
 (Customer's Name) (Relationship)

_____ Date
 Interpreter's Signature