

PA 6181 - 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 Department of Public Social Services (DPSS) prefers to use County-certified bilingual staff to interpret when speaking with you. DPSS 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.

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

DPSS 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. DPSS cannot guarantee that your interpreter will maintain confidentiality of your information.

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 DPSS 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 DPSS. **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 DPSS confidential and will not repeat the information to anyone.

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

_____ Date
Interpreter's Signature