

CERTIFICATION OF CONFIDENTIALITY - NON-HSA INTERPRETER

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|-------------------|---------------------|
| CASE NAME: | CASE NUMBER: |
|-------------------|---------------------|

I, _____, understand that all information I gather while serving as interpreter for _____ and on behalf of the Human Services Agency (HSA) is confidential and cannot be shared without the consent of the client. I also understand that I must interpret exactly what is being said, not adding to or leaving out any information given by the client or the worker.

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|--|---|-------------|
| Name of Interpreter (Please Print) | *Signature of Interpreter | Date Signed |
| If certified interpreter arranged through outside Agency, name of source | If non-professional interpreter, relationship to client, if any | |

CONSENT FOR RELEASE OF INFORMATION AND USE OF NON-HSA INTERPRETERS

I, _____, agree to share information necessary to determine my eligibility for aid and other services with _____ who is acting as my interpreter, and the HSA or agency acting on behalf of the HSA. I understand that the interpreter cannot give this information to anyone other than the HSA worker unless I agree. I also understand that if the person acting as my interpreter is not a certified interpreter provided by HSA there is a danger that the information being shared may not be interpreted correctly.

Interpreter certification: I certify that I have accurately interpreted the above information regarding the consent for release of information and use of non-HSA interpreters to the client in his/her primary language and he/she appears to understand.

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|------------------------------------|---------------------------|
| Name of Interpreter (Please Print) | *Signature of Interpreter |
| Name of Client (Please Print) | Signature of Client |

COUNTY USE ONLY

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|---|-------------------------------------|--|--------------------|
| <input type="checkbox"/> *Certification was through telephone call. No signatures possible. | | | |
| Client provided own interpreter | | | |
| <input type="checkbox"/> Interpreter is minor child of client. Reason _____ | | | |
| <input type="checkbox"/> Interpreter is adult family member/friend _____ | | | |
| Client's primary language is | | | |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Tagalog | |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Lao | <input type="checkbox"/> American Sign | |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Hmong | <input type="checkbox"/> Other (specify) _____ | |
| <input type="checkbox"/> Interpreter does not read English. I read all information on this form to the interpreter. | | | |
| Name of Worker (Please Print) | Caseload # | Signature of Worker | Date Signed |