



**CONSENT FORM  
FOR USE OF  
LANGUAGE INTERPRETER**

(Patient Admission Label)

I hereby give my permission for McAlester Regional Health Center and Doctor \_\_\_\_\_ to use a language interpreter for the purposes of communicating medical information. I understand that the interpreter will have access to my medical information, only through the interpretation of this information. I understand that the interpreter will NOT have access to my written medical records.

Language Interpretation required: \_\_\_\_\_  
Including Sign-Language, Spanish, etc

Permission Granted by: \_\_\_\_\_  
(Signature of Patient, or Guardian)

Date of Signature: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

**ESPAÑOL**

Yo, doy mi consentimiento a McAlester Regional Health Center y el Doctor \_\_\_\_\_ para obtener un interprete para la intencion de comunicando information medico. Yo entiendo y estoy en acuerdo que el interprete tiene acceso a mi informacion medico, solamente para interpretar esta informacion. Yo entiendo que el interprete NO tiene acceso a mi datos medicos.

Consentimiento de: \_\_\_\_\_  
(Firma del paciente o guardián)

Fecha de firma: \_\_\_\_\_

Testigo: \_\_\_\_\_