



Waiver of Rights to Interpretation and Translation Services

In the US, Title VI of the Civil Rights Act of 1964 and the Americans with Disabilities Act (ADA) requires organizations, programs, or activities that receive federal financial assistance to take steps toward providing language access. Under Title VI and the ADA you are entitled to free language access services including interpretation, translation, and auxiliary aids and services offered by a trained interpreter or translator free of charge at this agency.

Date: _____

Case Manager and/or interpreter information: _____

Name of agency providing services: _____

Client Name: _____

HMIS ID (if applicable): _____

I, _____ understand that under Title VI and the ADA, I have the right to interpretation, translation, and auxiliary aids and services provided to me free of charge. I acknowledge that a staff member at this agency explained this right to me or obtained a trained interpreter to explain this right to me in my preferred language.

I understand that this agency provides this service free of charge for its non-English speaking clients and clients who may have a communication disability, including clients who are Deaf/hard of hearing or who have a visual impairment, and that these services can be provided to me over the telephone or via video (for sign language interpretation).

I acknowledge that this staff person or interpreter discussed with me in my preferred language the importance of having their activities, services, programs, and processes explained to me by a trained interpreter in my preferred language so that I can understand my legal rights and fully and knowingly participate in all agency activities, services, programs and processes.

I acknowledge that this staff person or interpreter discussed with me in my preferred language, the risks of using family members or friends as interpreters and translators. These risks, as explained to me, include but are not limited to the following:

- Family members and friends may not have the bilingual language skills or technical vocabulary required to interpret or translate information completely and accurately concerning my rights or responsibilities pertaining to the agency's activities, services, programs or processes.

- Family members and friends may not feel bound to uphold the same standards of privacy, confidentiality, ethics, and linguistic accountability as a professional, trained interpreter or translator.
- Issues may arise concerning my private or confidential information pertinent to my participation in the activities, services, programs and processes offered by this agency that may be sensitive and/or difficult to discuss with me through a family member or friend.

However, I have freely, voluntarily, and knowingly decided to use a family member and/or friend as an interpreter and/or translator to discuss information pertinent to my participation in the activities, services, programs, and processes offered by this agency.

I understand that by using a family member and/or friend as interpreter and/or translator, the timeliness of service receipt may be delayed if she/he/they are not present when needed.

I understand that by using a family member and/or friend as an interpreter and/or translator, my private and confidential information will be disclosed to them, and I agree that this disclosure can be made.

I understand that at any time, I can change my mind and ask a staff member of this agency for the provision of a trained interpreter and/or translator.

Signature of client: _____ Date:

Name of staff person: _____

Signature of staff person: _____ Date: