Patient Interpreter Authorization

This is an authorization under the Privacy Rules of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). By signing this authorization, I understand General Surgery Associates is authorized to disclose my protected health information to an interpreter for the sole purpose of communication with me, the patient. This authorization may expand, but not limit the use and/or disclosure to/from General Surgery Associates for purposes of treatment, payment or health care operations.

By signing below, you agree to this release of information for interpretation.

Signed by: _____

Signature of Patient or Legal Guardian | Relationship to Patient | Date

_____

Printed Name of Patient | Printed Name of Guardian

_____

Patient's Address | Social Security Number | Date of Birth

Interpreter Declaration

I will interpret for the information provided for the patient or patient's representative in the _____language as it is stated during this appointment and on any forms. I understand that as an interpreter I am not to share this information with anyone that the patient is not requesting for me to do so under the guidelines of HIPAA.

By signing this, I agree that I will convey all information as stated by the provider and staff of General Surgery Associates.

_____

Printed Interpreter's Name | Relationship to Patient

_____

Signature of Interpreter | Date | Time

Post Visit Interpreter Declaration

I have interpreted the information provided for the patient or patient's representative in _____language as is it was stated during this appointment and on any forms. I understand that as an interpreter I am not to share this information with anyone that the patient is not requesting for me to do so under the guidelines of HIPAA.

By signing this, I certify that I have conveyed any questions or concerns expressed by the patient to the provider or staff of General Surgery Associates.

_____

Printed Interpreter's Name | Relationship to Patient

_____

Signature of Interpreter | Date | Time