

**NOTICE OF LANGUAGE ASSISTANCE SERVICES
AT SOUTHWEST CARDIOTHORACIC SURGEONS**

Our staff wants to communicate effectively with you and your family members. Please fill out this paper and return it to the front office staff.

All of the services are free of charge to you.

1. Would language assistance services help us communicate more meaningfully with you?

YES _____ NO _____

2. If you check YES, language assistance will be provided at no cost unless you fill out the waiver.

Do you wish to receive language assistance? YES _____ NO _____

Other (please explain)

Signature Date Time a.m./p.m.

A copy of Southwest Cardiothoracic Surgeons' policy for meaningful communications with Limited English Proficiency (LEP) persons are available without any charge upon request.

Please initial here if you would like a copy of this policy.

_____ (Initials)

WAIVER OF LANGUAGE ASSISTANCE

COMPLETE THIS SIDE ONLY IF YOU CHECKED YES TO QUESTION 1 ON THE REVERSE SIDE OF THIS DOCUMENT AND DO NOT WANT SOUTHWEST CARDIOTHORACIC SURGEONS TO PROVIDE LANGUAGE SERVICES

I, _____, understand that I have a right to be provided free language assistance by Southwest Cardiothoracic Surgeons to communicate with its staff and doctors effectively. However, **I DO NOT WANT LANGUAGE SERVICES** to be provided to me by Southwest Cardiothoracic Surgeons.

I understand that at any time I can change my mind about this request by telling Southwest Cardiothoracic Surgeons' employee(s) that I want additional language assistance to be provided by Language Services.

Signature

Date

Time

a.m./p.m.