

**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)

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\_\_\_\_\_  
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.