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| patient identification |
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Communication Self-Assessment Form

Rex Hospital, Inc. and Rex Physicians, LLC (“Rex”) desires to provide all patients with the communication assistance they need. Rex is committed to providing **FREE interpreters or other communication assistance** for persons who are deaf or hard-of hearing, blind or visually impaired, or do not speak English.

Please tell us about your communication needs:

My name is _____

I want a free interpreter (sign language or foreign language) to assist me at my appointments.
 I need an interpreter who speaks:
 Language: _____ Dialect: _____

I want another type of communication assistance (Check all desired assistance):
 Large Print Materials: _____ Note takers: _____
 TDD/TTY System, Video Relay or Video Interpreting Service: _____
 Assistance Filling Out Forms: _____ Written Materials: _____
 Note Writing _____ Lip Reading _____ Reader for the Blind _____
 Other (Please tell us how we can help you): _____

I do not want a free interpreter or any other communication assistance. If I change my mind, I will tell you if I need assistance for my next visit.

I choose _____ to act as my own interpreter. He/she is over the age of 18. If I choose my own interpreter, signing this waiver does not entitle my interpreter to act as my Authorized Representative. I also understand that Rex may hire a qualified or certified interpreter to observe my own interpreter to ensure that communication is effective. **I know that my own interpreter may/will be receiving personal health information regarding myself while acting as my interpreter.**

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| Customer or Companion Signature: | Date: |
| Customer or Companion’s Printed Name: | |
| Interpreter’s Signature: | Interpreter’s Printed or Typed Name: |
| Witness: | Date: |
| Witness Printed Name: | |

**On behalf of all co-workers at Rex, we hope you received excellent care.
 Our goal is always to provide you with excellent service.**

