NOTICE OF INTERPRETER SERVICES
FOR INDIVIDUALS WHO ARE DEAF OR HARD OF HEARING

The employees of West Houston Medical Center (WHMC) want to communicate effectively with you and your family members. Please fill out this form and return it to a WHMC employee.

All Services are Free of Charge

1. Would a sign language instructor help us communicate effectively with you?

   YES _____ NO _____

2. If you checked *YES*, we will provide, at no cost to you, a sign language interpreter to be at the West Houston Medical Center unless you fill out the waiver form on the back of this paper.

3. Do you wish any of these free services? YES _____ NO _____

   a. TDD and Light Signaler YES _____ NO _____

   b. An Amplified Telephone Receiver YES _____ NO _____

   c. Telephone Captioning YES _____ NO _____

   d. Computer Assisted Real Time Captioning (CART)
   (Note: the use of CART is restricted to certain settings) YES _____ NO _____

   e. Oral interpreter (if available) YES _____ NO _____

   f. Other (please explain)

_____

_____

_____

_____

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

A copy of West Houston Medical Center's policy for effective communications with deaf or hard of hearing persons is available without any charge upon request. If you would like a copy of our policy, please initial _____ (Initials).