

# ANNE ARUNDEL COMMUNITY COLLEGE

School of Health Sciences - Dental Hygiene Clinic  
Health and Life Sciences Building (HLSB), Room 137  
101 College Parkway, Arnold, MD 21012 Phone: 410-777-7213

## INTERPRETER / LANGUAGE SERVICES DISCLOSURE & CONSENT

### Patient Information

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred Language: \_\_\_\_\_

English Proficiency Level: Fluent Limited

### Section 1 – Purpose

The AACC Dental Hygiene Clinic is committed to providing equitable communication access for all patients. Patients with limited English proficiency (LEP) or hearing/speech impairments are entitled to interpreter services at no cost.

This form documents that language-assistance services were offered and records the patient's choice to accept or decline interpreter support.

### Section 2 – Interpreter Service Options (Please check all that apply.)

Professional Interpreter Provided by AACC – I accept the use of a qualified interpreter provided through AACC or an approved language-service vendor (on-site, phone, or video).

ASL

Spanish

Other: \_\_\_\_\_

Family Member / Friend Interpreter – I choose to use my own interpreter (family member, friend, or personal contact) and understand that AACC staff may request a professional interpreter if needed to ensure accuracy and safety.

Decline Interpreter Services – I decline interpreter or translation services and confirm that I understand and can communicate effectively in English regarding my dental care.

### Section 3 – Acknowledgment

- I understand that interpreter services are available free of charge to assist in my communication with AACC Dental Hygiene Clinic students, faculty, and staff.

- I understand that interpreter services help ensure accurate understanding of treatment explanations, risks, benefits, and forms of consent.
- If I choose to decline professional interpreter services, I accept responsibility for any miscommunication that may occur as a result.
- I may change my decision and request interpreter services at any time; however, I understand that certain interpreter services require advance scheduling and my appointment may need to be adjusted to ensure availability.
- The AACC Dental Hygiene Clinic will document the use or refusal of interpreter services in my patient record in accordance with applicable federal and state laws and AACC policy.

**Section 4 – Consent and Signature**

By signing below, I acknowledge that interpreter or language-assistance services have been explained to me, and I have indicated my preference above.

Patient / Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name (if guardian): \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

**Section 5 – Clinic Use Only**

Interpreter Name / ID #: \_\_\_\_\_

Language Provided: \_\_\_\_\_ Mode: On-Site Phone Video

Interpreter Company (if applicable): \_\_\_\_\_

Faculty/Staff Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_