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### **REQUEST OR REFUSAL FOR LANGUAGE INTERPRETIVE SERVICES**

This form allows the patient the opportunity to receive or refuse language interpretative services for the purpose of understanding the deliverance of their medical healthcare. If the patient's primary language is not English, Desert Family Medical Center will do its very best to provide language interpretation to accommodate the patient.

Print Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Patient's Primary Language (Please Check One):

- English
- Spanish
- Other, please specify \_\_\_\_\_

Please Check One:

Yes, I am requesting language interpretative service from Desert Family Medical Center in the following language: \_\_\_\_\_

I would prefer to have a family member or friend serve as my language interpreter. In making this choice, I take full responsibility for the interpretation that I receive for my medical healthcare. Any miscommunication made to me by my interpreter is at my own risk.

No, I will not require any language interpretative services. I am vouching that I have a full command of the English language.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date