

## Translator/Interpreter Consent Form

I \_\_\_\_\_ request a translator/interpreter to be present during my sessions with my EAP counselor so that I may communicate effectively.

Print Name

- I desire to use a translator/interpreter that I select
- I desire to use a translator such as a family member or friend

Name of Translator/Interpreter: \_\_\_\_\_

Relationship to Translator/Interpreter: \_\_\_\_\_

Translator/Interpreter Telephone Number: \_\_\_\_\_

- Translator/Interpreter selected by New Directions

I understand that when I choose to have a translator/interpreter present, the translator/interpreter will have access to personal information that I share with my counselor.

I understand that I may revoke my consent to the presence of the translator/interpreter at any time. However, I acknowledge that such revocation may compromise counseling quality.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

### Acknowledgment of Confidentiality by Translator/Interpreter

I \_\_\_\_\_ agree to serve as a translator/interpreter during counseling sessions for the above USPS Employee. I understand that any and all information relating to the counseling, including the identity of the client, is confidential information and that federal and state law prohibits me from disclosing the information without written authorization of the client.

Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature