

# Letter of Agreement Regarding the Use of an External Interpreter

To Ito Hospital

In bringing my own external interpreter, whom I have appointed, I hereby agree to the following.

Date:

- ☐ Prior to my consultation, I will ensure that a valid official identification document (e.g., Residence Card, passport, driver's license, Individual Number Card) for the interpreter accompanying me is presented, and I permit the hospital to take a copy of that document.
- ☐ If the interpreter accompanying me has not received professional medical interpreter training, there is a risk that problems such as misinterpretation or translation errors may arise due to the interpreter's insufficient specialized knowledge of medical treatment, pharmaceutical information, etc.
- ☐ The hospital will take no responsibility for the handling of personal information by the accompanying interpreter.
- ☐ The hospital will take no responsibility for any misinterpretation or translation errors made by the accompanying interpreter.
- ☐ If the content of the interpretation provided by the accompanying interpreter is determined to be inappropriate, the hospital may use machine interpreting instead or change to the interpreter to one of the hospital's in-house interpreters.

Patient Name

Name \_\_\_\_\_

Address \_\_\_\_\_

Accompanying Interpreter

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship to patient: ☐ Medical interpreter  
☐ Company association  
☐ Friend/acquaintance  
☐ Relative (Relationship \_\_\_\_\_)