**Letter of Confirmation of Agreement to the Dispatch of**

**Volunteer Medical Interpreter(s)**

**What is the HIC Volunteer Medical Interpreter Dispatch Service?**

HIC医療通訳ボランティア派遣事業とは

The HIC Volunteer Medical Interpreter Dispatch Service is a project in which the Hiroshima International Center (hereafter HIC) and medical facilities in the Prefecture cooperate so that people whose Japanese language skills are inadequate can safely receive medical and health services.

* Medical interpreters are those who have completed a HIC volunteer study course, have passed a HIC volunteer medical interpreter screening, and possess knowledge and interpreting skills required of a volunteer medical interpreter.
* Though the volunteer medical interpreter will do his/her best as your interpreter, if you have doubts about the interpreting or do not fully understand something, please request explanations until you are fully satisfied.
* The volunteer medical interpreter’s activity time is basically 2 hours.
* The private information about you obtained by the medical interpreter during interpreting activities will not be disclosed.

If you fully understand the above and wish to have a volunteer medical interpreter dispatched, please carefully read the separate Letter of Agreement and put a check mark as follows ☑ in the box □ and add your signature.

Please note, it may happen that a volunteer medical interpreter is not available and one cannot be dispatched. It may not be possible to match your preference of the sex of the dispatched volunteer medical interpreter.

Also, please be sure to read the “Items to Note Regarding the Volunteer Medical Interpreter Dispatch Service”

Hiroshima International Center (HIC)

Medical Institution, etc. ＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

※各医療機関等で名称をご記入下さい（日本語漢字・かな表記およびローマ字）

Name of medical institution, etc.

To ＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

※各医療機関等で名称をご記入下さい（日本語漢字・かな表記およびローマ字）

**Letter of Agreement**

**同意書**

□　I understand the aims of this Volunteer Medical Interpreter Dispatch Service, and agree to the dispatch of a medical volunteer.

 私はこのボランティア派遣事業の趣旨を理解し，医療通訳ボランティアの派遣に同意します。

□　I agree to provide required information about myself while receiving interpreting services to the volunteer medical interpreter, the medical/health institution receiving medical interpreting volunteer service and Hiroshima International Center.

通訳上で必要となる自身の情報を医療通訳ボランティア，関係医療機関等及び公益財団法人ひろしま国際センターに提供することに同意します。

□　I will place no responsibility for damages resulting from the Medical Interpreter Volunteer Dispatch Service on the volunteer medical interpreter, the medical/health institution receiving the volunteer medical interpreter service nor on the Hiroshima International Center.

医療通訳ボランティアの派遣を受けたことによって生じた損害について，医療通訳ボランティア，受付医療機関等及び公益財団法人ひろしま国際センターの責任を問いません。

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_　＿＿＿＿＿, 20＿＿

 　　　Month（月）　　 Day（ 日）　Year（年）

**The Agreeing Person (Patient, etc.)**

同意者（患者等）

Full Name

名前 (Use: Block Capitals and your Signature)

Contact: (In principle, FAX or portable phone e-mail address)

連絡先（原則はFAX又は携帯電話メールアドレス）

FAX

Portable phone e-mail Address

携帯電話メールアドレス

Contact information if you do not have a FAX or portable phone e-mail address

FAX又は携帯電話メールアドレスを持たない場合の連絡先

Possible hours for contact (Weekdays) 　　:　　 am/ pm～　　:　　 am/ pm

連絡可能な時間（平日）　　　 午前・午後 午前・午後

Portable phone number

携帯電話

Fixed-line phone number　　　　　　　　　　　　　(Home /Workplace)

固定電話 （自宅 ・ 勤務先）

Computer e-mail address

パソコンメールアドレス