

**Good Samaritan Health & Wellness Center**  
Policies and Procedures

Subject: TRANSLATION SERVICE	Policy #: 5.17.2
Prepared by:	Revision #:
Approved by: Board of Directors	Effective Date: 7/24/2015

## 5.17.2 Translation Service

**OBJECTIVE:**

To provide accurate, knowledgeable translation for patients with primary languages other than English.

**PROCESS/PROCEDURE:**

All conversations and services should be performed in the language in which the patient is most comfortable. At no time should the medical provider rely on translation provided by a family member or friend of the patient.

1. If available, a bilingual Good Samaritan employee should be utilized, either in person or by phone.
2. When using a staff member is not an option, a telephone service provider should be used.

Any and all translation services **MUST** be documented in the chart, following standard ECW protocol, with the name of the translator or the name of the service used.