**English Translation:** Point to your language. An interpreter will be called. The interpreter is provided at no cost to you.

<table>
<thead>
<tr>
<th>Language</th>
<th>Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arabic</td>
<td>أشار إلى لغتك. وسيتم الاتصال بمترجم فوري. كما سيتم إحضار المترجم الفوري مجانيًا.</td>
</tr>
<tr>
<td>Cambodian (Khmer)</td>
<td>ធមេ (កូរ៉ែ៖) ។ ប្រែមក្នុងភាសាខ្មែរកូរ៉ែ៖ គ្រប់គ្រាន់ប្រែមក្នុងភាសាខ្មែរកូរ៉ែ៖ ពិតពីមក្នុងភាសាខ្មែរកូរ៉ែ៖ ដូច្នេះត្រូវបានពិតពីមក្នុងភាសាខ្មែរកូរ៉ែ៖</td>
</tr>
<tr>
<td>Cantonese</td>
<td>廣東話 ។ 請指認您的語言，以便為您提供免費的口譯服務。</td>
</tr>
<tr>
<td>French</td>
<td>Indiquez votre langue et nous appellerons un interprète. Le service est gratuit.</td>
</tr>
<tr>
<td>German</td>
<td>Zeigen Sie auf Ihre Sprache. Ein Dolmetscher wird angefordert. Der Dolmetscher ist für Sie kostenlos.</td>
</tr>
<tr>
<td>Greek</td>
<td>Δείξτε τη γλώσσα σας και θα καλέσουμε ένα διερμηνέα. Ο διερμηνέας σας παρέχεται δωρεάν.</td>
</tr>
<tr>
<td>Gujarati</td>
<td>ગુજરાતી ។ તમારી ભાષાનો ઉલ્લેખ કરો. દાખલ કરીએ આપણે ઓફિસમાં ગ્રેફિટલાં વ્યક્તિ તબા પણ પાછો છે</td>
</tr>
<tr>
<td>Hindi</td>
<td>हिंदी । अपनी भाषा को दर्शाएं। जिसके अनुसार आपके लिए हिंदी भाषाएं दाख्तर करें। आपके लिए हिंदी भाषा की निश्चित व्यवस्था की जाती है।</td>
</tr>
<tr>
<td>Italian</td>
<td>Indicare la propria lingua. Un interprete sarà chiamato. Il servizio è gratuito.</td>
</tr>
<tr>
<td>Japanese</td>
<td>あなたの話す言語を指してください。無料で通訳サービスを提供します。</td>
</tr>
<tr>
<td>Korean</td>
<td>귀하께서 사용하는 언어를 지정하시면 해당 언어 통역 서비스를 무료로 제공해 드립니다.</td>
</tr>
<tr>
<td>Mandarin</td>
<td>請指認您的語言，以便為您提供免費的口譯服務。</td>
</tr>
<tr>
<td>Polish</td>
<td>Proszę wskazać swój język i wezwijmy tłumacza. Usługa ta zapewniana jest bezpłatnie.</td>
</tr>
<tr>
<td>Portuguese</td>
<td>Indique o seu idioma. Um intérprete será chamado. A interpretação é fornecida sem qualquer custo para você.</td>
</tr>
<tr>
<td>Russian</td>
<td>Укажите язык, на котором вы говорите. Вам вызовут переводчика. Услуга переводчика предоставляется бесплатно.</td>
</tr>
<tr>
<td>Somali</td>
<td>Af-Soomaali । Farta ku fiiqluqadaada... Waxa laguugu yeeri doonaa turjubaan. Turjubaanka wax lacagi kaaga bixi mayso.</td>
</tr>
<tr>
<td>Spanish</td>
<td>Español । Señale su idioma y llamaremos a un intérprete. El servicio es gratuito.</td>
</tr>
<tr>
<td>Tagalog</td>
<td>Ituro po ang inyong wika. Isang tagasalin ang ipagkakaloob nang libre sa inyo.</td>
</tr>
<tr>
<td>Urdu</td>
<td>اردو । اپنا زبان پر اشارہ کریں۔ ایک ترجمان کو پھر جگہ کی جگہ کی جگہ گا۔</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>Tiếng Việt । Hãy chỉ vào ngôn ngữ của quý vị. Một thông dịch viên sẽ được gọi đến, quý vị sẽ không phải trả tiền cho thông dịch viên.</td>
</tr>
</tbody>
</table>

Language Solutions: Over-the-Phone, Video Remote, and Onsite Interpreting / Bilingual and Interpreter Staff Testing and Training / Translation and Localization

www.pacificinterpreters.com
Ingalls Memorial Hospital provides the following services to Hearing-Impaired/Deaf Patients and visitors at no charge:

- Certified Sign Language (ASL) Interpreters;
- Non-verbal text telephones (TTY) are available upon request;
- Illinois Relay Center: dial 711 or 800-526-0857 to serve as a facilitator between TTY and voice users.
LEGAL NOTICE TO PATIENTS
PHYSICIANS ARE NOT EMPLOYEES OR AGENTS OF
INGALLS MEMORIAL HOSPITAL OR
THE UNIVERSITY OF CHICAGO MEDICINE

Please read carefully.

The law in Illinois requires Ingalls Memorial Hospital (“Ingalls”) and The University of
Chicago Medicine to tell you that:

- Your physicians, including but not limited to, your personal/attending
  physician, emergency room and urgent aid physicians, radiologists,
  pathologists, anesthesiologists, on-call physicians, consulting physicians,
  surgeons, obstetricians/gynecologists, residents and allied health care providers
  working with those physicians, are not employees or agents of Ingalls or The
  University of Chicago Medicine.

- Your physicians and the allied health care professionals working with those
  physicians are independent medical practitioners who have been permitted to
  use Ingalls for the care and treatment of their patients. As independent medical
  practitioners, they exercise their own professional judgment in caring for their
  patients and they are not supervised or controlled by Ingalls or The University
  of Chicago Medicine.

- Your physicians will bill you separately from Ingalls for their services.

- You have the right to choose your own physicians and the right to change any
  of your physicians at any time.

I have read and understand all of this form. I understand all of the information being provided
to me in this document. I understand and agree that the physicians and the allied health care
professionals working with those physicians are not employees or agents of Ingalls or The
University of Chicago Medicine. By accepting this form, I am saying that I understand and
agree to what it says.

Patient ___________________________ Date ___________________________

Witness ___________________________

Signature of Interpreter ___________________________ Language ______ Date ______

Form # 2487 (12/16)
DISCRIMINATION IS AGAINST THE LAW

Ingalls Memorial Hospital (“Ingalls”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Ingalls does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Ingalls provides:

- Free aids and services to people with disabilities to communicate effectively with us; and
- Free language services to people whose primary language is not English.

If you need these services, contact a staff member or the Patient Representative.

If you believe that Ingalls has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you may file a grievance with:

Ingalls Patient Representative
71 W. 156th Street, Suite 500
Harvey, Illinois 60426
T: (708) 915-5112
F: (708) 333-9135
E-mail: contact@ingalls.org

You may file a grievance in person or by mail, fax, or email. If you need help filing a grievance the Patient Representative is available to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at http://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
T: (800) 368-1019
TDD: (800) 537-7697