



MISSOURI DEPARTMENT OF MENTAL HEALTH  
WAIVER OF INTERPRETER SERVICES



I, \_\_\_\_\_, understand that under the Missouri Department of Mental  
(Name of Consumer)

Health's Clinical Standards of Care for Deaf Consumers (DOR 4.141), I have the right to use an appropriately certified ASL interpreter when receiving a category of mental health service. A category of mental health service includes the following:

1. Any screening, assessment, or re-assessment, whether done for the purposes of determining eligibility for services, diagnosis, or for the development or modification of a plan of treatment.
2. Any treatment planning or discharge planning meetings, or the preparation for such meetings.
3. An individual psychotherapy/psychoeducational session.
4. A group psychotherapy/psychoeducational session.

I acknowledge that ASL is my preferred language and/or my language needs assessment indicates that I would benefit from an ASL interpreter.

I hereby voluntarily waive my right to use an interpreter for the following categories of mental health service (please check all that apply):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Screening  | <input type="checkbox"/> Assessment         | <input type="checkbox"/> Re-Assessment |
| <input type="checkbox"/> Treatment Planning                                 | <input type="checkbox"/> Discharge Planning |  |
| <input type="checkbox"/> Individual Psychotherapy/Psychoeducational Session |   |  |
| <input type="checkbox"/> Group Psychotherapy/Psychoeducational Session      |   |  |

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in **writing**. I also understand that actions already taken based on this authorization, prior to revocation, will not be affected.

My signature below acknowledges that I have read, understand, and authorize the waiver of interpreter services as specified.

<b>Signature of Consumer:</b>	_____	<b>Date:</b>	_____
<b>Signature of Witness:</b>	_____	<b>Date:</b>	_____
<b>Signature of Parent/ Legal Guardian/Representative:</b>	_____	<b>Date:</b>	_____

**NOTICE OF REVOCATION**

I, \_\_\_\_\_ (Consumer) hereby revoke my waiver of interpreter services when receiving a category of mental health service. This revocation effectively makes null and void my previous declination of interpreter services expressly given by the above authorization. I understand that any actions based on this authorization, prior to revocation, will not be affected.

<b>Signature of Consumer:</b>	_____	<b>Date:</b>	_____
<b>Signature of Witness:</b>	_____	<b>Date:</b>	_____
<b>Signature of Parent/ Legal Guardian/Representative:</b>	_____	<b>Date:</b>	_____