

DANA FARBER PHONE/**COVID-ONSITE** VERIFICATION FORM

All fields must be filled out to be processed.

Assignment Details:

Date/Time of Assignment:	Name of interpreter:
Location(s):	Language:

RULES FOR COVID ON-SITE INTERPRETING – please check off each item before sending SVF:

1. Email: Text Ana when you arrive: 617-869-2693, text also when you leave.
2. Do not ask provider to sign SVF, write name of provider instead.
3. If, in helping a patient, you see a number of providers, please list each provider separately, time started, time done.
4. Issues during your stay: Between 7AM-3:30PM: Nane: 617-899-1413 or Aloysio: 617-513-3971. After 3:30: the office: 617-632-3673.
5. When done, send SVF to: aliebl@interpretersassociates.com, and interpreter_services@dfci.harvard.edu

Time started interpreting	Department AND Name of Clinician	Time stopped interpreting	Total Minutes

Time in: _____ Time out: _____

Interpreter Signature: _____

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Fax (781) 629-2699 or email within 48 hours: aliebl@interpretersassociates.com

DO NOT WRITE ANY PHI ON THIS SVF.