

## Communication Assessment Form

Maine Oral & Maxillofacial Surgery Associates, PA  
211 Mount Auburn Avenue  
Auburn, ME 04210

We ask this information so that we can communicate with patients who may be deaf, hard of hearing or who may have a language barrier. We need to be able to communicate effectively with our patients and their companions. Communication aids and services are provided **FREE OF CHARGE**. If you require assistance, please ask one of our staff members.

Date

Name of Person Requiring Assistance with Disability or Language

Patient's Name or Name of Person Filling out this form

Nature of Patient's Disability or Assistance:

Deaf

Hard of Hearing

Speech Impairment

Interpreter for Language Help

Relationship to Patient:

Self

Family Member

Friend

Other:

Does the patient with a disability need/require a professional qualified sign language or oral interpreter (which will be provided free of charge) to communicate effectively with Maine Oral Surgery personnel?

No. He/she does not use sign language and does not use interpreters to lip read.

No. He/she prefers to have family members/friends help with communication. If this is the case please have the family or friend sign the **Translator Statement and Agreement** form.

No. He/she prefers writing back and forth.

Other: Explain:

Yes:  American Sign Language (ASL)

Signed English

Oral Interpreter

Other: Explain:

NO. I do NOT need a Language Interpreter.

**Thank you for offering, but this does not apply to me at this time**

Signed Patient or Guardian: \_\_\_\_\_

Employee Initials: \_\_\_\_\_

# HIPAA COMMUNICATION FORM

Maine Oral & Maxillofacial Surgery Associates, PA  
211 Mount Auburn Avenue  
Auburn, Maine 04210

Date:

Due to HIPAA Laws and regulations, I,  with my Date of Birth being , hereby authorize the Doctors and Staff at Maine Oral & Maxillofacial Surgery Associates, PA to discuss my treatment with the following people(s):

Name:	<input type="text"/>	Relationship:	<input type="text"/>
Name:	<input type="text"/>	Relationship:	<input type="text"/>
Name:	<input type="text"/>	Relationship:	<input type="text"/>
Name:	<input type="text"/>	Relationship:	<input type="text"/>
Name:	<input type="text"/>	Relationship:	<input type="text"/>

Signature: \_\_\_\_\_

EMPLOYEE INITIALS: \_\_\_\_\_