



This worksheet should be used to determine who is responsible for signing documents when consenting a non-English speaker.

		Signatory		
		Consenter (Attending Physician, etc.)	Participant	Witness In-person interpreter OR family member (they must speak both languages)
Documents	Consent form (English)	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
	Short form (Translated)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Optional activities on consent form	If consent has yes/no questions: 1) Verbally obtain answer from participant 2) Circle Yes or No 3) Add initials and date next to selected answer		
	HIPAA (English)	With IRB-approved waiver of the HIPAA signature (recommended): 1) Obtain verbal HIPAA authorization 2) Document verbal HIPAA authorization in research chart 3) If a medical trial, also document in medical record	<input checked="" type="checkbox"/> If IRB has not granted a waiver of the signature, the participant signs the English HIPAA	
	HIPAA (Translated)		<input checked="" type="checkbox"/>	