**Items to Note Regarding the Volunteer Medical Interpreter Dispatch Service**

**1 About notification of content of confirmation of dispatch of volunteer medical interpreter**

**医療通訳ボランティア派遣の決定の内容の連絡について**

The medical institution, etc. will inform the contact on the Letter of Agreement (you) whether a volunteer medical interpreting dispatch is possible, if a dispatch is possible you will also be informed of the date(s) and time(s) of the dispatch.

Information will be sent to you by FAX (if you have no FAX, to your mobile phone e-mail address). If you do not have a FAX or mobile phone e-mail address, you will be contacted by phone on your mobile phone, etc.

If there is no contact from the medical institution, etc. up to the day before the requested day of dispatch, please enquire at the contact given below.

**2 Cancellation of volunteer medical interpreter dispatch service**

**医療通訳ボランティア派遣を取り消しされる場合について**

If after you have been informed by the medical institution, etc. that a volunteer medical interpreter will be dispatched, but for some unavoidable reason you wish to cancel the service (dispatch of the volunteer medical interpreter), please inform the contact below by telephone as soon as possible.

If the person in charge is not available, please contact them by e-mail. If you are informing of the cancellation by e-mail, please write “CANCEL (your full name in Roman letters)” in the [Subject] box of the e-mail, and in the main message section, please write the reason for cancelling the service.

If there has been no contact to inform of a cancellation up to 3:00 pm on the day before the scheduled dispatch of the volunteer medical interpreter, the cost of the may have to be borne by the person requesting the service.

Please note: If a cancellation is made without prior notice, the volunteer medical interpreter dispatch service can no longer be used.

**Contact**

　　　連絡先

|  |  |
| --- | --- |
| Name of medical institution, etc.  医療機関等の名称 |  |
| Person in charge  担当者 |  |
| Telephone  電話 |  |
| E-mail  メールアドレス |  |

* If contacting the office by phone, please try to ensure that Japanese can be used.

電話により連絡する場合は，なるべく日本語でお願いします。

**(Volunteer Medical Interpreter Activities Rules: Extract from rules relating to use of the service)**

（医療通訳ボランティアの活動ルール　～利用規程から抜粋～）

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| \* Neither the volunteer medical interpreter nor the medical institution is permitted to pass on the name or contact information of the medical interpreter to the patient, etc.  医療通訳ボランティア及び医療機関等は，患者さん等に対して，医療通訳ボランティアの名前及び連絡先を伝えません。  \* The volunteer medical interpreter cannot accept requests for activities unrelated to volunteer medical interpreting nor personal requests from the patient, etc.  医療通訳ボランティアは，医療通訳のボランティア活動と関係のないこと及び患者さん等の個人的な依頼については，対応できません。 |