



## RECOMMENDED PROCEDURES & STANDARD INTERPRETER GUIDELINES

Please review the linked material below to help you prepare to provide services for Hanna Interpreting Services LLC.

### 1. Hanna's Recommended Procedures

- a. This link contains important information about your upcoming assignments, recommended procedures, payment policy, and frequently asked questions.

### 2. Payment Schedule

- a. Please use this Payment Schedule to keep track of your payment dates. It is a very helpful tool to help you understand when you can expect to be paid for each assignment you complete.

### 3. California Healthcare Interpreters Association Guidelines

### 4. National Code of Ethics for Healthcare Interpreters

*By signing below, you agree that you have read and reviewed the content in the links above.*

#### **INDEPENDENT CONTRACTOR**

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

**Full Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## MEDICARE MODULES AND POLICIES

All persons who provide health or administrative services to Medicare enrollees must satisfy general compliance, FWA, and HIPAA Privacy and Security requirements. The modules linked below satisfy such requirements.

MODULE	LINK
MEDICARE PARTS C & D GENERAL COMPLIANCE MODULE	<a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedCandDGenCompdownload.pdf">https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedCandDGenCompdownload.pdf</a>
HIPAA PRIVACY AND SECURITY MODULE	<a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/HIPAAPrivacyandSecurity.pdf">https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/HIPAAPrivacyandSecurity.pdf</a>
HANNA'S FRAUD, WASTE, & ABUSE (FWA) POLICY	<a href="https://www.hannais.com/wp-content/uploads/2018/12/2019-Hanna-FWA-Policy.pdf">https://www.hannais.com/wp-content/uploads/2018/12/2019-Hanna-FWA-Policy.pdf</a>

*By signing below, you agree that you have reviewed the aforementioned modules and policies.*

### **INDEPENDENT CONTRACTOR**

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

**Full Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## **BUSINESS ASSOCIATE AGREEMENT**

In accordance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Health Information Technology for Economic and Clinical Health Act ("HITECH"), and the associated regulations, all third parties associated with Hanna Interpreting Services LLC who may handle Protected Health Information ("PHI") must work under an active Business Associate Agreement (BAA).

Hanna Interpreting Services LLC's [Business Associate Agreement](https://www.hannais.com/wp-content/uploads/2017/10/Hanna-Business-Associate-Agreement.pdf) can be found in its entirety at <https://www.hannais.com/wp-content/uploads/2017/10/Hanna-Business-Associate-Agreement.pdf>.

*By signing below, you agree that you have read, understand, and comply with the terms, policies, and regulations outlined in the Business Associate Agreement.*

### **INDEPENDENT CONTRACTOR**

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

**Full Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## STATE OF CALIFORNIA INTERPRETER AFFIDAVIT

The State of California may require the services of an interpreter/translator to assist non-English speaking applicants. We use interpreters during physical and mental medical examinations, hearings, and other types of assignments. These assignments are necessary in order to evaluate claims for the federal, state, and local governments. It is imperative that accurate interpretive information be provided to the examiner or hearing office.

I hereby agree to provide a complete and accurate translation of all official dialogue at each consultation for which my services are retained. I hereby certify under penalty of perjury that the interpretation provided is accurate.

I am acting on behalf of, Hanna Interpreting Services LLC, to perform the specific function of providing interpretation services.

I agree to keep all information confidential as required by the [FEDERAL PRIVACY ACT](#).

### **INDEPENDENT CONTRACTOR**

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

**Full Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_