

EXHIBIT “B”

Planned Parenthood®
of South Florida and the Treasure Coast, Inc.

CONSENT FOR AN INTERPRETER NOT EMPLOYED
BY PLANNED PARENTHOOD

NAME: Maura Mena BIRTHDATE: _____
ADDRESS: _____, Hialeah Fla 33013
HOME PHONE: _____ WORK PHONE: _____
cell

I have chosen M. Mena to act as my interpreter. S/he will explain to me what is being said by the staff of PLANNED PARENTHOOD OF SOUTH FLORIDA AND THE TREASURE COAST, INC.

I understand that the person I have chosen to interpret for me today does not work for Planned Parenthood; therefore she or he is not bound by Planned Parenthood regulations and Planned Parenthood cannot guarantee confidentiality.

I understand that Planned Parenthood cannot guarantee that the information being provided by Planned Parenthood staff will be translated accurately by my interpreter, and that Planned Parenthood is not responsible if my chosen interpreter does not translate accurately, or if she or he does not maintain my confidentiality.

PATIENT SIGNATURE: [Signature] DATE: 8/2/2013

STAFF SIGNATURE: [Signature] IEPA DATE: 8/2/13