

INTERPRETER SERVICES

Otolaryngology Associates of Tennessee has arranged for language assistance services free of charge. Call 615-340-4000 (TTY: 1-877-346-1674).

ENGLISH If you speak English, language assistance services, free of charge, are available to you.

SPANISH Si usted habla español, tiene a su disposición servicios de asistencia con el idioma sin costo alguno.

ARABIC إذا كنت تتحدث العربية، فستتوفر لك خدمات المساعدة اللغوية مجاناً.

CHINESE 如果您讲汉语普通话，则可以免费向您提供语言协助服务。

VIETNAMESE Chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị, nếu quý vị nói tiếng Việt.

KOREAN 모국어가 한국어일 경우 무료 언어지원 서비스가 제공됩니다.

FRENCH Si votre langue est le français, des services d'assistance linguistiques sont mis gratuitement à votre disposition.

LAOTIAN ຖ້າທ່ານເວົ້າພາສາລາວ ແມ່ນ່ມບໍ່ມີລ່າຄ່າການຊ່ວຍເຫຼືອພາສາພຣີໃຫ້ແກ່ທ່ານ.

ARMENIAN Հայերենը օգնականության համար առանց վճարման ծախսերով ապահովված է:

GERMAN Wenn Sie deutsch sprechen, stehen Ihnen kostenlos Sprachhilfen zur Verfügung.

GUJARATI તમે ગુજરાતી બોલતા હો, તો વિના મૂલ્યે, ભાષા સહાય સેવાઓ તમને ઉપલબ્ધ છે.

JAPANESE 日本語を話される場合には、無償の言語支援サービスがご利用いただけます。

TAGALOG Kung nagsasalita ka ng Tagalog, may magagamit kang mga serbisyo sa lengguahe na walang bayad.

HINDI अगर आप हिन्दी बोलते हैं तो भाषा सहायता सेवा निःशुल्क उपलब्ध है।

RUSSIAN Если ваш язык — русский, то вам могут быть предоставлены бесплатные услуги переводчика.

PERSIAN اگر شما به فارسی صحبت میکنید، خدمات کمکهای زبان بطور رایگان در دسترس شما میباشند.

Oral Interpretation Services & Rates

TFLI provides on-site, face-to-face interpretation in more than 40 languages. An alternative service consists of telephonic interpretation covering over 200 languages.

TFLI interpreters are members of the community with native language fluency who also serve as cultural brokers to facilitate communication and understanding. Our interpreters undergo background checks and training in professional ethics and standards of practice in order to ensure the highest quality of service.

TFLI staff members work closely with our clients to ensure all of their needs are met. These project managers carefully select the interpreters whose experiences and skill sets are appropriate for each interpretation setting. Our Interpretation Coordinators are also sensitive to the cultural needs of immigrant and refugee communities now living in Tennessee.

Service	Regular Rate
On-site interpretation	\$80/hour, 2-hour minimum fee (all languages), prorated by the half hour after 2 hours
After-hours/Weekend on-site interpretation (before 8:00 a.m. & after 6:00 p.m. weekdays)	\$90/hour, 2-hour minimum fee (all languages), prorated by the half hour after 2 hours
Telephonic interpretation (24/7 access)	\$1.95/minute, 20-minute minimum fee (all languages)
Telephone conference calls	\$120/hour, 30-minute minimum fee
Voice-over recordings	\$100/hour, 1-hour minimum fee (all languages)

In addition to the regular service fees listed above, additional travel fees and mileage charges may apply. Due to limited availability of interpreters of certain languages, these surcharges may be assessed if an interpreter travels outside his or her county of residence. When applicable, TFLI Interpretation Coordinators will disclose additional fees to clients for approval before confirming an interpreter.

Additional fees	
Mileage – round trip from the interpreter's home to the client location	\$0.47 per mile (in accordance with TN mileage reimbursement rates as of August 11, 2011)
Travel time - round trip from the interpreter's home to the client location	\$64/hour
Cancellation fee [if a scheduled interpretation appointment is cancelled with less than 24-hr notice]	2-hour minimum fee

Written Translation Services

TFLI offers written translation of documents in over 70 languages. Our network of translators has been carefully vetted to ensure quality and accuracy in every translation. TFLI translators have native language fluency, most have degrees in professional translation in the languages in which they work, and are members of or accredited by the American Translators Association.

TFLI Translation Project Managers will oversee your translation project from start to finish. Each Translation Project Manager works closely with our clients to identify and meet project specifications, including for instance the target audience of the translation, terminology, formatting and deadlines. Our quality guarantee means that each translation project is subject to a quality review that will include proofreading, editing, formatting and content review by our team of translators, editors and Translation Project Managers.

Translation Rates and Fees

The rates for written translation are usually determined by the word count of the original document and are based on tiered levels depending on the target language. Alternatively, we may charge a minimum fee for shorter documents. The following is a sampling of languages. Please call for rates applicable to other languages not listed below.

Spanish	\$0.20
French, German, Italian, Japanese, Portuguese	\$0.25
Albanian, Amharic, Arabic, Bosnian, Cambodian (Khmer), Chinese, Czech, Danish, Dari, Dutch, Farsi (Persian), Gujarati, Haitian-Creole, Hindi, Korean, Kurdish, Lao, Romanian, Russian, Somali, Tagalog, Urdu, Vietnamese	\$0.30
Burmese, Fulani, Kirundi, Lingala, Oromo, Swahili, Tigrigna, Wolof	\$0.33
Minimum fee for Spanish translation	\$60.00
Minimum fee for all languages other than Spanish	\$80.00
Hourly formatting fee (for PowerPoint presentations or desktop publishing)	\$50.00
Rush surcharge (when applicable)	30% of total estimated cost
Cancellation fee (if a project is cancelled after translation work has begun)	30% of total estimated cost

Assurance of Compliance

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. **Title VI of the Civil Rights Act of 1964** (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. **Section 504 of the Rehabilitation Act of 1973** (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of his or her disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. **Title IX of the Education Amendments of 1972** (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. **The Age Discrimination Act of 1975** (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. **Section 1557 of the Affordable Care Act** (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

You have successfully submitted the HHS-690 for your organization. You confirmation number is 11645192

The following information was provided:

Date: 10/17/2016
Name and Title of Authorized Official: Ms. Christa Mixon
Name of Healthcare Facility Receiving / Requesting Funding: Otolaryngology Associates of Tennes
Address: 1800 State Street
Nashville, TN 37203
USA

How to Request Services

Clients can submit requests for interpretation or translation services by phone, email or fax. Our department hours are 8:30 a.m. – 4:30 p.m., Monday through Friday; our interpreters, however, can provide services outside of these hours. Please use our departmental email address, ITS@TFLI.org, so any member of our staff is able to respond timely to the inquiry. Once a Customer Service Agreement has been established, clients may additionally request access to our 24/7 telephonic interpretation service (a specific toll-free number will be made available).

For interpretation services, we use an online scheduling system: I2S2[®] by Fluency. I2S2 allows clients to log in and submit requests, at any time, directly via a web browser. Scheduling interpretation appointments through I2S2 is convenient and highly recommended. Alternatively, clients can submit a Request for Interpretation Services Form via email or fax.

Staff Directory

Alyse Adcock	Interpretation Project Manager	(615) 741-7579 x 113	alyse@tfli.org
Cody McKeithan	Interpretation Project Manager	(615) 741-7579 x 107	cody@tfli.org
Karin Ruiz	Interpretation Project Manager	(615) 741-7579 x 120	karin@tfli.org
Jonathan Beam	Translation Project Manager	(615) 741-7579 x 111	jonathan@tfli.org
Laetitia Ingeni	Translation Project Manager	(615) 741-7579 x 105	laetitia@tfli.org
Cesar Muedas	Department Director	(615) 741-7579 x 109	cesar@tfli.org
Department email address:	its@tfli.org	Department fax:	(615) 243-5488

TFLI Telephonic Interpretation Services



To complement our face-to-face interpretation and written translation services, the **Tennessee Foreign Language Institute** provides clear, fast, accurate over-the-phone interpretation. We combine the latest technology with a staff of live language professionals located right here in the United States.

Here's how it works:

- Dial **1-877-346-1674** from any phone, and you will be connected to the call center.
- You will be asked to give the **language** you need, your **name**, the **name of your organization** and a patient/client identification number (if applicable).
- The service can be scheduled in advance, or accessed without notice.
- If you need to speak with a non-English speaker on the phone, the operator will place the call and connect you with the interpreter.
- If you do not know the language you need, the operator will help you determine the language.

Rates

Rates for telephonic interpretation are charged by the minute, with a **20-minute minimum charge**. Current rates are **\$1.95** per minute.

Languages

Over **200 languages** are available to facilitate most every communication need you encounter. A complete list is on the reverse of this flyer.



Creating a dialogue with the world.®

Acholi	Filipino	Ilocano	Soninke
Afrikaans	Finnish	Macedonian	Spanish
Akan	Flemish	Madura	Scrang
Albanian	French	Makua	Sudanese
Amharic	Fukienese	Malagasy	Swahili
Apol	Fulani	Malay	Swedish
Arabic	Fuzhou	Malayalam	Szechuan
Armenian	Ga	Maltese	Tagalog
Ashanti	Gaelic	Mam	Taiwanese
Assamese	Galician	Mandarin	Tamil
Assyrian	Gbandi	Mandinka	Tanga
Azerbaijani/Azeri	Georgian	Marathi	Telugu
Bahasa	German	Marshallese	Thai
Balinese	Gikuyu	Miende	Tibetan
Balochi	Greek	Mien	Tigre
Bambara	Guarani	Minsangkabau	Tigrinyan
Basque	Gujarathi	Mixteco	Toisanese
Bassa	Halhianese	Mizo	Tongan
Batak	Haitian Creole	Moldovan	Tsiluba
Belarusian	Hakha	Mongolian	Tsonga
Bengali	Hausa	Moore	Tswana
Berber	Hebrew	Nahuatl	Turkish
Bhili	Hiligaynon	Navajo	Turkmen
Bizel	Hindi	Nepalese	Ukrainian
Boholano	Hmong	Nigerian	Umbundu
Borana	Hungarian	Norwegian	Urdu
Bosnian	Ibo	Nuer	Uyghur
Bulgarian	Igbo	Orhya	Uzbek
Burmese	Ilocano	Oromigna	Vietnamese
Cachi	Ilonggo	Oromo	Visayan
Cambodian	Indonesian	Pampango	Waray
Canjibal	Italian	Pangasinan	Welsh
Cantonese	Japanese	Papiamento	Wolof
Cape Verde	Japanese	Pashto	Xhosa
Creole	Joba-Arabic	Persian	Yi
Catalan	Kannada	Pohnpeian	Yiddish
Cebuano	Kanuri	Polish	Yoruba
Chaldean	Kaqchikel	Portuguese	Yugoslavian
(Aramaic)	Karen	Punjabi	Zapoteco
Chaozhou	Karenni	Quechua	Zhuang
Chavacano	Kazakh	Quiche	Zulu
Cherokee	Khmer	Romani	
Chichewa	Khmu	Romanian	
Chin	Kinyarwanda	Russian	
Chuj	Kirundi	Samoan	
Chuukese	Kongo	Santali	
Creole	Korean	Serahule	
Croatian	Krahn	Serbian	
Czechoslovakian	Kurdish	Serbo-Croatian	
Danish	Kyrgyz	Sesotho	
Dari	Lakota	Shanghaiese	
Dinka	Lao / Laotian	Shona	
Dutch	Latin	Sicilian	
Estonian	Latvian	Sindhi	
Ethiopian	Liberian	Sinhalese	
Ewe	Lingala	(Sinhala)	
Falam	Lithuanian	Slovak	
Farsi (Persian)	Lkale	Slovenian	
Fijian	Llahe	Somali	

220 French Landing Dr., 1-B, Nashville, TN 37243
615-741-7579 www.TFLI.org info@TFLI.org

[Revised August 2016]

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[Revised August 2016]

Client Service Agreement

Please complete the following form to establish a service agreement with TFLI for interpretation and translation services.

Full name of business/organization requesting services		
Otolaryngology Associates of Tennessee		
Main Contact Name	Contact phone number	Contact email address
Christa Mixon	615-428-3202	cmixon@aotenn.com
Address	City, State	Zip Code
1800 State Street	Nashville TN	37203
How did you hear about TFLI?		
SVMIC		
Main Billing Contact (if different than above)	Phone number	Email address
Ruth Edwards	615-340-4000	redwards@aotenn.com
Billing Address (if different than above)	City, State	Zip Code
If interested in using Fluency (I252) to schedule interpretation services online, please provide the name, phone number and email addresses of authorized users.		
Name	Phone number	Email address
Name	Phone number	Email address
Name	Phone number	Email address
Please sign below to indicate that you have read and agree to the terms and fees outlined in the attached documentation.		
Client signature	Client name (printed)	Date
<i>Christa Mixon</i>	Christa Mixon	10-17-2014



Request for Interpretation Services

creating a dialogue with the world

220 French Landing Drive, Suite 1-B Nashville, TN 37243 www.tfli.org 615.741.7579

Attention: Coordinators, Interpretation Services

Fax: (615) 253-5488 E-mail: its@tfli.org

Date of request

Time of appointment

Date Needed

Language needed

Hours Needed

Name of Business Requesting Service

Billing Address:

Mailing Address:

Phone Number

Fax Number

Contact Person:

E-mail address:

Nature of assignment/case

Name of patient/client/defendant

Case/File/Record No.

Location

Name of Doctor/Case Worker/Provider

Special Instructions/ Directions

For TFLI use only

Additional charges

Mileage