

AGREEMENT FOR LANGUAGE INTERPRETATION AND TRANSLATION SERVICES

This AGREEMENT FOR LANGUAGE INTERPRETATION AND TRANSLATION SERVICES (“Agreement”) is entered into effect _____, (“Effective Date”), by and between Intermountain Medical Imaging LLC (“IMI”) and _____, (“Contractor”).

IMI and Contractor agree to the following terms:

- 1. DUTIES AND RESPONSIBILITIES OF CONTRACTOR:** Contractor shall provide to IMI language translation and/or interpretation services on an as needed basis at times mutually agreed upon by the parties.
- 2. COMPENSATION FOR SERVICES:** IMI shall compensate Contractor for the services rendered pursuant to this Agreement at an hourly rate of **\$25.00 per hour**. Contractor shall be compensated in a minimum amount of one hour ***for services actually rendered***. Payment for services rendered in excess of the first hours shall be prorated to the next quarter hour. All invoices submitted by Contractor to IMI for payment shall be accompanied by documentation detailing the number of hours and minutes Contractor worked providing the services to IMI, the date such services were rendered, the patient(s) name, Patient(s) date of birth, the patient’s language and the start and stop time of such services that were provided and any other information reasonably requested by IMI. If invoices are not completed as requested, IMI reserves the right to withhold payment until necessary documentation is completed. In the event a patient that you are interpreting for does not arrive/show for their appointment, no payment to the contractor will be made. Travel time and expenses are the sole responsibility of the Contractor and are not reimbursable by IMI.
- 3. CONFIDENTIALITY:** Contractor acknowledges that IMI is committed to protecting the privacy of its patients as per the Federal Government’s HIPAA regulations. Contractor understands that he/she will have access to protected health information (documentation and/or oral communications, relating to an individual’s medical history, diagnosis, condition, treatment, or evaluation) and other information and documents that are not generally known to or readily ascertainable by others. Contractor acknowledges that he/she has a responsibility to keep such information confidential and not disclose to anyone except the appropriate IMI workforce member. Contractor understands that his or her failure to respect the privacy of IMI clients and family and to maintain strict confidentiality of all protected health information will subject Contractor to immediate removal from the premises, civil sanctions, and/or criminal penalties. Although contractor is considered to be providing services in treatment of the patients of IMI and thus not a “Business Associate of IMI, Contractor agrees that should IMI determine that a Business Associate Agreement is required, Contractor will execute and Comply with IMI’s standard Agreement. Furthermore, Contractor agrees that all protected health information that Contractor has in electronic format shall at all times be secured, and that any electronic transmission of protected health information shall be by secure means only.
- 4. TERMS AND TERMINATIONS:** This agreement shall commence until one of the parties (IMI or Contractor) terminates the agreement in writing. IMI reserves the right to cancel Agreement at anytime.

5. RELATIONSHIP OF THE PARTIES: Nothing in this Agreement shall be construed to create an employment or agency relationship between the parties. The relationship between IMI and Contractor is and shall remain that of independent parties to a contractual relationship as set forth in Agreement. All income tax, unemployment insurance, Social Security or any other withholding pursuant to any law or requirement of any governmental body with respect to services rendered under this Agreement are the sole responsibility of Contractor, which responsibility Contractor agrees to carry out as required by applicable law. No Party is authorized or permitted to act as an agent or employee of the other Party. Each Party shall be responsible for its own acts or omissions, and any liability or penalties that may result there from.

6. MISCELLANEOUS: This Agreement shall be interpreted by the laws of the State of Idaho and constitutes the entire agreement between the Parties, and supersede all other agreements and understandings, written or oral, between the Parties.

7. STATEMENT OF AGREEMENT: By initialing the items listed below the Contractor understands that these are conditions of payment by IMI. The Contractor agrees to provide services and acknowledges that this Agreement will be dissolved if three formal complaints by IMI staff are reported. Contractor will be notified in writing if complaints have been made and/or Agreement is dissolved. Payment may be delayed or canceled if services do not meet the conditions of this Agreement.

- NOT take cell phone calls while working and keep phone on mute or vibrate
- Maintain client confidentiality in accordance with HIPAA
- Will dress appropriately and be respectful
- Be on time. Will be paid for up to 15 minutes early arrival prior to scheduled appointment time
- Will provide a minimum of 24 hours notice of cancellation to IMI staff and will notify patient
- Will only provide services to one patient/person at a time
- Stay the duration of the appointment
- NOT expect to nor will be paid to interpret for family or household members
- Complete IMI's Interpretive Services form completely and submit to IMI staff before leaving
- Submit invoice for payment within 10 business days of services rendered

IN WITNESS WHEREOF, the Parties have signed this Agreement effective the date first stated above

IMI REPRESENTATIVE- Signature

CONTRACTOR- Signature

Printed Name

Printed Name

Title

Initials