

Language Capability Attestation (Disclosure) Form

In Accordance with, California Health and Safety Code Section 1300.67.04 of the Language Assistance Program Regulations, Valley Health Plan (VHP) needs to identify within its provider network those contracted providers who are themselves bilingual or who employ other bilingual providers and/or office staff, based on language capability attestation forms signed by the bilingual providers and/or office staff, attesting to their fluency in languages other than English. Such individuals shall have proficiency in health care terminology and concepts relevant to health care delivery systems in the language other than English as well as English, in addition to education and training in interpreter ethics, conduct and confidentiality.

The below highlighted fields are all required . A separate form should be submitted for each location.		
Provider or Clinic Name:		
Office Address:		
City:	State:	Zip:
Phone: ()	Fax: ()	
NPI Number:		
Email:		

Are you and/or any of your office staff able to provide services in a language other than English? **Yes** **No**

If "Yes", please indicate what language(s): _____

Please specify what capabilities you have for providing assistance in other languages (i.e. second language, office staff, etc....). Attach additional forms if needed to include all applicable staff names AND applicable office location.

_____ Employee Name	_____ Title	_____ Description of capabilities
_____ Employee Name	_____ Title	_____ Description of capabilities
_____ Employee Name	_____ Title	_____ Description of capabilities
_____ Employee Name	_____ Title	_____ Description of capabilities

I hereby attest that the answers given by me to the foregoing questions and statements made are true and correct and complete in all requests, and understand that if any changes occur in the availability or the above I must notify VHP within 30 days of the change.

Provider Signature

Date

Please **E-mail, mail, or fax** the completed form to:

Valley Health Plan
Attn: Language Assistance Program
2480 North First Street Suite #160, San Jose, CA 95131
Memberservices@vhp.sccgov.org
| Phone: 1.888.421.8444 | Fax: 1.408.885.4425 |