



# Alberta Health Services

## REQUEST FOR TELEPHONE INTERPRETATION

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*Name of Unit, Department , Site or Agency*

Requests Certified Health Care Interpreting over the telephone.

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*Address of the Agency*

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*City and Postal Code*

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*Telephone Number*

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*Authorizing Signature*

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*Title, Agency Name*

Please email this request to [louise.behiel@albertahealthservices.ca](mailto:louise.behiel@albertahealthservices.ca). For more information, please call Louise Behiel at (403) 955-1181

*All calls made from the appropriate area code and using the assigned client id are the responsibility of the agency named above. Rates are on a sliding scale and will be charged to the requesting agency at the rates charged to AHS PLUS a 10% handling fee. Usage is billed monthly and is payable upon receipt.*