

## FORM: Translation Certification

The undersigned certifies to Fred Hutchinson Cancer Center as follows:

1. I am duly qualified to translate from **Spanish** into English and from English into **Spanish**.
2. ☒ I am certified by **the Washington State Department of Social and Health Services (DSHS)**.  
**Candidate Id: 2473.**  
(name of institution/company providing certification)  
  
☐ I am not certified. My qualification(s) to translate is/are: (e.g. the number of years you have provided translation services, the names of organizations you have provided translation services, educational background) \_\_\_\_\_  
\_\_\_\_\_.  
  
3. I have truly and accurately translated the attached document(s). Below, note the names of the document(s) that have been translated:  
TEMPLATE HIPAA Authorization UW FHCC v1.0 2025-05-06.docx  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
  
4. I provided the **forward** translation of the documents listed above.
5. The title of the research activity is: **Authorization to Use and/or Disclose Protected Health Information for Research Purposes**
6. The name of the Principal Investigator for the research activity is: N/A.



Signature of Translator

May 14, 2025

Date

Juan Pablo Piedrahita  
Printed Name of Translator