

For All Language Access Services: (650) 573-3660

Press 1 – American Sign Language & in-person interpreter reservation*

Press 2 – Immediate over-the-phone interpreter

Press 3 – Interpreter equipment

**requires minimum of 3 days' adv notice*

Required info for your call:

1. You are calling from **County of San Mateo Health System**.
2. The language you need.
3. Your **name, division, and organization number** _____.

If you don't know your org number, contact your supervisor or fiscal officer.

Have a County cell phone? If so, snap a photo of this card and save it on your phone, or else add the phone number and your org # to your Contacts.

Feedback on your interpreter experience? Email HS_Language_Access@smcgov.org.

For All Language Access Services: (650) 573-3660

Press 1 – American Sign Language & in-person interpreter reservation*

Press 2 – Immediate over-the-phone interpreter

Press 3 – Interpreter equipment

**requires minimum of 3 days' adv notice*

Required info for your call:

1. You are calling from **County of San Mateo Health System**.

2. The language you need.

3. Your **name, division, and organization number** _____.

If you don't know your org number, contact your supervisor or fiscal officer.

Have a County cell phone? If so, snap a photo of this card and save it on your phone, or else add the phone number and your org # to your Contacts.

Feedback on your interpreter experience? Email HS_Language_Access@smcgov.org.