

McLaren Print System Order

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PATIENT RIGHTS AND RESPONSIBILITIES

McLaren Medical Group wants you to be a partner in your hospital care. We believe the more you know and the more you participate and talk with your doctors and healthcare team, the more effective and satisfying your hospital experience will be. The following statements of rights and responsibilities will help you understand what you can expect from us and, in turn, what your responsibilities are as a patient. If at any time you or your advocate need help understanding or enforcing your rights and responsibilities, please talk with your doctor or nurse.

ASSURING ACCESS TO CARE

You have the right to receive the highest quality and medically necessary care and to not be discriminated against for any reason. You have the right to speak openly with anyone you choose. If you do not speak English or are hearing, vision or speech impaired, an interpreter, signer or reader will assist you.

You are responsible for providing full and accurate information about your history, hospital stays, use of medications and other matters related to your health.

UNDERSTANDING YOUR CARE

You have the right to know the names and roles of everyone who cares for you. You have the right to information about your diagnosis, treatment and possible medical outcomes. We encourage you to talk with your physician and healthcare team about procedures and treatments, their risks and benefits. Except in emergencies or life-threatening situations, you have the right to consent to or refuse procedures, and you have the right to change your mind and withdraw that permission at any time before the procedure.

You are responsible for asking questions when you do not understand or are not satisfied with the information or instructions given to you by your physician and healthcare team.

REFUSING TREATMENT

You have the right to refuse any treatment or medication, as permitted by law. The staff will have no control over your medical consequences of your refusal, but we are not responsible for any resulting harm. You have the right to be free from restraint unless it is necessary to protect your safety or that of others. Physical restraints will be applied only to prevent harm to patients, professionals or staff. We will document the reason for your refusal and discuss it privately with your physician. Medications will be used for the most effective care only, unless a physician orders.

You are responsible for the consequences of your decision. If you refuse treatment or do not follow the instructions of your physician or healthcare team.

RESOLVING COMPLAINTS

Every patient has the right to be informed of hospital policies and practices that relate to patient care, treatment and responsibilities. Each patient has the right to be informed of available resources for resolving complaints, conflicts and ethical issues. Patients unable to provide instructions from the right to have access to protective services, if appropriate.

You are responsible for telling your healthcare team when you are not satisfied with the care or services provided, except for the obvious ethical issues related to your healthcare, or when you have concerns about possible abuse or neglect in your home.

PROTECTING YOUR PRIVACY AND CONFIDENTIALITY

You have the right to privacy, and your healthcare team will discuss tests and treatments in such a way as to protect this right. Your medical records will be confidential unless you give permission for their release or in cases of suspected abuse or public health hazards when reporting is permitted or required by law. All other uses of your health information are documented in the Notice of Privacy Practices.

You are responsible for following hospital rules, following instructions in case of emergency, and being considerate of and respecting the privacy and rights of other patients and staff.

PLANNING YOUR CARE

You have the right to request your doctor to coordinate your care with the staff of the hospital and other agencies or facilities. You also have the right to be involved in planning your care, your discharge, or any transfer or referral to another care provider as recommended by your healthcare team. You have the right to request quick response to requests of pain.

You are responsible for reporting any changes in your condition or problems in your treatment including your ability to care for yourself. You are responsible for reporting any changes in your condition or problems in your treatment including your ability to care for yourself.

DECIDING YOUR FUTURE

You have the right to have an Advanced Directive, legal in the State of Michigan, which is a Written Plan of Decision for Health Care Decision Making. This document expresses your wishes and choices about your future care and needs or alternate treatment you wish your healthcare decisions for you if you are unable to make your own decisions.

If you have a written Advanced Directive, you should give a copy to your advocate, your family and your physician and bring a copy with you to the hospital. If you do not have a written Advanced Directive, we encourage you to discuss your wishes with your family and physician and complete one.

UNDERSTANDING BILLING AND PAYMENT

You have the right to a full explanation of your hospital bill and to information about financial aid for healthcare. You are responsible for providing accurate and timely information about methods of payment for hospital services or for working with the hospital to arrange payment.

Patient Safety Concerns Can Be Reported the Following Ways:

McLaren Medical Group
 Patient Experience Department
 810-343-1989

Michigan Department of Licensing and
 Regulation (DLARA)
 Mail to:
 Bureau of Community and Health Services
 P.O. Box 30463, Lansing, MI 48909
 Call: 800-883-6944 (toll-free)

The Joint Commission
 Mail to:
 Office of Quality Monitoring
 One Renaissance Boulevard
 Columbus, Indiana, 47311
 Fax to: 800-793-6636 or
www.jointcommission.org, using the "Report a Patient Safety Event" link in the "Notice Center"

