

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 most complete, respectful and medically necessary care and to not be discriminated against for any reason. You have the right to speak freely with anyone you choose. If you do not speak English or are hearing, vision or speech impaired, an interpreter, sign or braille 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.

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 advised of available resources for resolving complaints, conflicts and ethical issues. Patients unable to provide feedback from the right to have access to confidential services, if appropriate.
You are responsible for telling your healthcare team what you are not satisfied with. You are encouraged to report health care-related issues related to your healthcare, or when you have concerns about possible abuse or neglect in your home.

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 your preferences and treatment risks and benefits. Except in emergency 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.

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 respectful and respecting the privacy and rights of other patients and staff.

REFUSING TREATMENT
You have the right to refuse any treatment or medication, as permitted by law. You will not have any consequences for providing medical consent or your refusal for an act not responsible for any wrongdoing. You have the right to be free from restraint unless there are necessary to protect your safety or that of others. Physical restraints will be applied only to meet the medical professional's duty of document the reasons for your medical restraints primarily with your physician. Medications will be used for the same reasons only under a physician's order.
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.

PLANNING YOUR CARE
You have the right to report your doctor to coordinate your care, with the help of the hospital staff and other appropriate staff. 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 report such response to reports 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 otherwise 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, you have the right to have 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 to 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
McLaren Patient Safety Department
Bureau of Community and Health Systems
PC Box 30463, Lansing, MI 48909
Call 800-882-6944 (toll free)
The Joint Commission
Office of Quality Monitoring
One Renaissance Boulevard
Columbus, Michigan, 48824
Fax to 800-792-5636 or
www.jointcommission.org, using the "Report a Patient Safety Event" link in the "Notice Center"

McLaren MEDICAL GROUP logo

Spec Info: Attention: Jannah Howard @ Digestive Health