

McLaren Print System Order

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 User: melissa lawrukovich
 Phone: 2486560472

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 1240 S Lapeer Rd #101A
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Brochures
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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 needed, respectful and medically necessary care and to not be discriminated against for any reason. You have the right to speak privately with anyone you choose. If you do not speak English or are hearing, vision or speech impaired, an interpreter, sign or hearing aid or other assistive device will be provided for you.

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 have the right to have access to grievance services, if appropriate.

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, treatments and/or 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.

REFUSING TREATMENT
 You have the right to refuse any treatment or medication, as permitted by law. You will not be held responsible for possible medical consequences of your refusal. You are not responsible for any resulting harm. You have the right to be free from restraint unless a physician determines to protect your safety or that of others. Physical restraints will be applied only if necessary. Your physician will document the reason for your medical restraints primarily with your physician. Medications will be used for the same purpose only under a physician's order.

DECIDING YOUR FUTURE
 You have the right to have an Advanced Directive, legal in the State of Michigan, which is a Specific Power of Attorney for Health Care Decision Making. This document appoints your advocate and allows you to discuss your future care and make an advance decision who will make healthcare decisions for you if you are unable to make your own decisions.

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 healthcare services or for working with the hospital in alternate programs.

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 Systems
 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, Tennessee, 38511
 Fax to 615-793-5636 or
www.jointcommission.org, using the "Report a Patient Safety Event" link in the "Notice Center"

Spec Info: