

## McLaren Print System Order

Order No: 47771  
 Order Date: 2019-08-15  
 User: Jamie Wark  
 Phone: 989-672-5795

Ship Location: McLaren Caro Region  
 401 N. Hooper Street  
 Caro, MI 48723

Brochures  
 Quantity: 175  
 Paragon Dept No: 8837  
 Dept Name: Nursing  
 Company Number: 510

Order Total Price: 45.50

Item Number: CR-011  
 Item Description: Patient Rights  
 Revision Date: 11/2018  
 Print:  
 Paper:  
 Size:  
 Fold:  
 Finish:  
 Drill:  
 Misc Info: Finish size: 8.5 x 11; full bleed; CLC; DS

### YOUR RESPONSIBILITIES AS A PATIENT

You, your family and visitors are responsible for following the rules involving patient care and conduct. These include McLaren Caro Region visitation and smoking policies.

You are responsible for providing a complete and accurate medical history, which should include all prescribed, over-the-counter, illegal and street drugs that you are taking.

You are responsible for telling us about all treatments and interventions in which you are involved.

You are responsible for following the suggestions and advice prescribed in a course of treatment by your healthcare providers. If your refusal of treatment prevents us from providing appropriate care according to ethical and professional standards, we may need to end our relationship with you after giving you reasonable notice.

You are responsible for being considerate of the rights of other patients and McLaren Caro Region personnel and property.

You are responsible for providing information about unexpected difficulties you may have involving your healthcare.

You are responsible for telling us if you clearly understand your plan of care and the things you are asked to do.

You are responsible for making appointments and for arriving on time. You must call us in advance when you cannot keep a scheduled appointment.

You are responsible for providing us information about your sources of payment and ability to pay your bill.

### CONCERNS ABOUT CARE AND BILLING

22. You have the right to healthcare information provided in a manner that you can understand.
23. You have the right to details about all items on your bill, and you will receive notice of non-coverage if applicable. Upon request, information concerning financial help will be given to you.
24. You have the right to express any concerns you may have about your care. We encourage you to communicate concerns or compliments to the individual or department involved. Call (989) 673-3141, and ask for Administration or Compliance Office.
25. You have the right to file a formal written or verbal grievance with the Compliance Office if we cannot promptly resolve your care issues.
26. You also have the right to lodge a grievance with the State of Michigan Department of Licensing and Regulatory Affairs at (800) 882-6006. The address is: Bureau of Health Care Services, P.O. Box 30083, Lansing, MI 48909-0170.

**CARD REGION**

401 N. Hooper Street | Caro, MI 48723

CR-011-01-18

**Spec Info:**

**PATIENT RIGHTS AND RESPONSIBILITIES**

**CARD REGION**

DOING WHAT'S BEST™