

## McLaren Print System Order

Order No: 45955  
 Order Date: 2019-06-03  
 User: Cynthia Jones  
 Phone: 586-747-6718

Ship Location: McLaren Macomb Lakeshore Medical  
 33720 Harper  
 Clinton Township, MI 48035

Brochures  
 Quantity: 1  
 Paragon Dept No: 72650  
 Dept Name: McLaren Medical Group  
 Company Number: 810

Order Total Price: 7.75

Item Number: MM-540-B1  
 Item Description: 11x17 Patient Rights  
 Revision Date: 5/2019  
 Print:  
 Paper:  
 Size:  
 Fold:  
 Finish:  
 Drill:  
 Misc Info: ss; full color; bleed, 5 mill lam - mounted on foam core

### 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 fact, 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 timely, 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 informed of available resources for resolving complaints, conflicts and ethical issues. Patients unable to provide feedback from 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 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.

**REFUSING TREATMENT**  
 You have the right to refuse any treatment or medication, as permitted by law. You will still have your combined best possible medical consequences of your refusal. You 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 if necessary and your physician will document the reason in your medical record and promptly call your physician. Medications will be used for the same purpose only under a physician's order.

**PLANNING YOUR CARE**  
 You have the right to request your doctor to coordinate your care with the help of the hospital staff and other specialists as needed. You also have the right to be involved in planning your care, your discharge, or any transfer, or refusal to transfer, care provided as recommended by your healthcare team. You have the right to request quick response in regards to pain.

**DECIDING YOUR FUTURE**  
 You have the right to have an Advanced Directive, legal in the State of Michigan, which is a Florida Power of Attorney for Health Care Document. 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 30663, Lansing, MI 48909  
 Call: 800-883-6944 (toll-free)

The Joint Commission  
 Mail to:  
 Office of Quality Monitoring  
 One Renaissance Boulevard  
 Oakbrook Terrace, IL 60181  
 Fax to 800-793-6636 or  
[www.jointcommission.org](http://www.jointcommission.org), using the "Report a Patient Safety Event" link in the "Notice Center"

Spec Info: