

## McLaren Print System Order

Order No: 60009  
 Order Date: 2021-01-29  
 User: Kerry Zaske  
 Phone: 989-516-0105

Ship Location: McLaren West Branch/ Attn. Kerry Zaske  
 2110 S. M76, Suite 8  
 WEST BRANCH, MI 48661

Brochures  
 Quantity: 1  
 Paragon Dept No: 69460  
 Dept Name:  
 Company Number: 810

Order Total Price: 18.00

Item Number: MM-540-A  
 Item Description: Patient Rights Sign (MMG 16 x 20) with Lamination and Foam Core  
 Revision Date: 5/2019  
 Print:  
 Paper:  
 Size:  
 Fold:  
 Finish:  
 Drill:  
 Misc Info: Finish size: 16 x 20 inches; CLC; no bleed; with 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 satisfactory 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 upholding your rights and responsibilities, please talk with your doctor or nurse.

#### ENSURING ACCESS TO CARE

You have the right to receive convenient, respectful and medically necessary care and to be treated equally 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, signer or reader will assist you.

You are responsible for providing full and accurate information about your symptoms, hospital stays, use of medications and other matters relating 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 and their risks and benefits. Except in emergencies or life-threatening situations, you must sign a consent form for all major 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 medications, as permitted by law. Our staff will help you understand the possible medical consequences of your refusal, but we are not responsible for any resulting harm. You have the right to have your refusal written if it becomes necessary to protect your safety or that of others. Physical restraints will be applied only by trained healthcare professionals who will document the reason in your medical record and notify your physician. Restraints will be used for the same patient only under a physician's order.

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

#### RESOLVING COMPLAINTS

Each 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 measures for resolving complaints, conflicts and ethical issues. Patients unable to protect themselves have the right to have access to protective measures, if appropriate. You are responsible for telling your healthcare team when you are not satisfied with the care or services provided, want to file a grievance or have concerns 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 respectful of and respecting the privacy and rights of other patients and staff.

#### PLANNING YOUR CARE

You have the right to expect 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 referral to another care provider as recommended by your healthcare team. You have the right to request quick 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.

#### SECURING YOUR FUTURE

You have the right to have an Advanced Directive, legal in the State of Michigan, which is a Document Power of Attorney for Health Care Decision Making. This document expresses your wishes and choices about your future care and names an advocate someone who will make healthcare decisions for you if you are unable to make your wishes known.

If you have an 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 an written Advanced Directive, ask someone 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  
 810-943-1989

Department of Learning and  
 Respiratory Affairs (LARA)  
 Mail to:

Bureau of Community and Health Systems  
 P.O. Box 28844, Lansing, MI 48919  
 Call 800-892-6004 (toll free)

#### The Joint Commission

Mail to:  
 Office of Quality Monitoring  
 One Renaissance Boulevard  
 Oakbrook Terrace, IL 60181  
 Fax to 630-762-8676 or  
[www.jointcommission.org](http://www.jointcommission.org) using the "Report a Patient Safety Event" link in the "About Center"

Spec Info: