

**McLaren Print System Order**

**Order No: 8210**  
**Order Date: 2015-01-14**  
**User: Yvonne Mulcahy**  
**Phone: 22565**

**Ship Location: 5 north- main desk**  
**401- S Ballenger Hwy**  
**Flint, MI 484532**

**Forms**

**Quantity: 100**  
**Paragon Dept No: 27410**  
**Dept Name: Physical therapy outpatient**  
**Company Number: 60**

**Order Total Price: 11.95**

**Item Number: 17524**  
**Item Description: Medicare Patient Rights Regarding Inpatient Rehabilitation Services**  
**Revision Date: 1/2015**  
**Print: 1 sided black and white**  
**Paper: 2 Part (White, Yellow)**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish:**  
**Drill: 5 Hole Top**  
**Misc Info:**

McLAREN FLINT  
FLINT, MICHIGAN

**MEDICARE PATIENT RIGHTS REGARDING  
INPATIENT REHABILITATION SERVICES**

As part of your inpatient rehabilitation stay, information will be gathered about you to develop a plan of care. The Medicare assessment will also help determine payment for your care. You have specific rights with regard to this assessment. They are as follows:

- The right to be informed of the purpose of this patient assessment data collection.
- The right to have any patient assessment information remain confidential and secure.
- The right to be informed that the patient assessment information will not be disclosed to others except for legitimate purposes allowed by the Federal Privacy Act and Federal State regulations.
- The right to refuse to answer patient assessment data questions.
- The right to see, review and request changes on the patient assessment instrument.

The above rights were reviewed and discussed with the patient in full. I received a copy of the two-page form entitled Privacy Act Statement - Health Care Records.

\_\_\_\_\_  
McLaren Employee Date

\_\_\_\_\_  
Patient Date

In addition, you may ask the Centers for Medicare & Medicaid Services to see, review, copy or request correction of inaccurate or missing personal identifying health information which this Federal agency maintains in its HIPAA System of Records. For CONTACT INFORMATION or a detailed description of your privacy rights, refer to the attached PRIVACY STATEMENT - HEALTH CARE RECORDS.  
Note: The rights listed above are in concert with the rights listed in the hospital conditions of participation and the rights established under the Federal Privacy Rule.

MEDICARE PATIENT RIGHTS REGARDING  
INPATIENT REHABILITATION SERVICES

WHITE - clean  
YELLOW - patient  
Form 2102



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41416  
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