

McLaren Print System Order

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 690 S. Trumbull St
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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.

You are responsible for providing full and accurate information about your history, hospital stays, use of medications and other matters related 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, 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.

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 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 it is necessary 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 and you will be seen by a physician as soon as possible.

You are responsible for the consequences of your decision 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 resources for resolving complaints, conflicts and ethical issues. Patients unable to provide feedback have the right to have access to grievance services, if appropriate.

You are responsible for telling your healthcare team when you are not satisfied with the care or services provided, except for the reasons without reason 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 and out of your presence. Your medical records will be confidential unless you give permission for their release or in cases of regulated abuse or public health threats often reporting a communicable or infectious disease. 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 respecting the privacy and rights of other patients and staff.

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 to requests of care.

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.

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.

If you have a 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 a written Advanced Directive, we encourage 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 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
 810-943-1989

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
 Columbus, Tennessee, 38101
 Fax to 615-763-5636 or
www.jointcommission.org, using the "Report a Patient Safety Event" link in the "Notice Center"

Spec Info: