

## McLaren Print System Order

Order No: 56982  
 Order Date: 2020-09-21  
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Ship Location: McLaren Oakland Back Care & Pain Management / Attn: Sara Krupp  
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Brochures  
 Quantity: 1  
 Paragon Dept No: 26300  
 Dept Name: McLaren Oakland Back Care & Pain Management - Clarkston  
 Company Number: 310

Order Total Price: 7.75

Item Number: M-10366-O  
 Item Description: 11x17 Patient Rights  
 Revision Date: 2/2020  
 Print:  
 Paper:  
 Size:  
 Fold:  
 Finish:  
 Drill:  
 Misc Info: ss; full color; bleed, 5 mill lam - mounted on foam core

### PATIENT RIGHTS AND RESPONSIBILITIES

McLaren Oakland 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 have the most qualified 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 speech impaired aid, telephone, sign or hearing aid will assist you.

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 and treatments and their risks and benefits. Except in emergency 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 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 a medical necessity to protect your safety or that of others. Please notify your doctor or speak with your healthcare professional who will document the reason for your medical restraint primarily with your physician. Medications will be used for the restraint unless only under a physician's order.

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**  
 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 advised of available resources for resolving complaints, conflicts and ethical issues. Patients unable to provide satisfaction from 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. Avoid the use of forceful means 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 risks 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 regulated abuse or public health hazards often 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, maintaining confidentiality of 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 in regards to pain.

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 Written Plan of Advance Health Care Decision Making. This document expresses your wishes and preferences about your future care, and names an advocate someone 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 advocate and complete one.

**UNDERSTANDING BILLING AND PAYMENT**  
 You have the right to a full explanation of your hospital bill and pricing 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.

Spec Info:

