

McLaren Greater Lansing (MGL) employees and medical staff strive to provide comprehensive, quality health care in a spirit of personal caring, safety and concern. MGL has the responsibility to provide adequate and appropriate care, to respect patients' rights, and to recognize a patient's responsibilities. In an effort to accomplish this goal, the following rights and responsibilities have been developed.

MGL recognizes the right of the patient to exercise his/her rights while receiving care or treatment in the hospital without coercion, discrimination, or retaliation. A patient has the right to have a surrogate (a parent, guardian, next of kin, or legally authorized representative) exercise his/her rights when the patient is incapable of doing so, without coercion, discrimination, or retaliation.

## The Right to Access Care

- A patient will not be denied care on the basis of race, creed, color, ethnicity-national origin, religion, gender, sexual orientation, age, handicap, HIV status, marital status, education, or source of payment.
- The patient has a right to receive a reasonable response to requests and needs for treatment or service.

## The Right to Make Decisions Involving Your Care

- The patient has the right to participate in the development and implementation of his or her plan of care and actively participate in decisions regarding his or her medical care. To the extent permitted by law (determined by applicable State and Federal law), this includes the right to request and/or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.
- Before a procedure or treatment is carried out, a patient has the right to receive as much information about any proposed treatment or procedure as needed to give informed consent or to refuse a course of treatment. Except in emergencies, this information will include a description of the procedure or treatment, the medically significant risks involved in the treatment, alternative course of treatment or non-treatment and the risks involved in each and to know the name of the person who will carry out the procedure or treatment.
- A patient has the right to access protective and advocacy services, including financial counseling, or have these services accessed on the patient's behalf.
- A patient has the right to leave the hospital even against the advice of his/her physician.
- A patient has the right to have an appropriate assessment and management of pain.

**NOTE:** MGL will take reasonable steps to determine the patient's wishes concerning designation of a representative to exercise the patient's right to participate in the development and implementation of the patient's plan of care and make informed decisions regarding his or her care. Unless prohibited by applicable State law:

- When a patient who is not incapacitated has designated, either orally to hospital staff or in writing, another individual to be his/her representative. MGL will provide the designated individual with the information required to make an informed decision about the patient's care, and will also involve the designated representative in the development and implementation of the patient's plan of care. MGL will also seek the written consent of the patient's representative when informed consent is required for a care decision. The explicit designation of a representative by the patient takes precedence over any non-designated relationship and continues throughout the patient's inpatient stay or outpatient visit, unless expressly withdrawn, either orally or in writing, by the patient.
- In the case of a patient who is incapacitated, when an individual presents the hospital with an advance directive, medical power of attorney or similar document executed by the patient and designating an individual to make medical decisions for the patient when incapacitated, MGL, when presented with the document, will provide the designated individual the information required to make informed decisions about the patient's care, and will involve the designated representative in the development and implementation of the patient's plan of care. MGL will also seek the consent of the designated individual when informed consent is required for a care decision. The explicit designation of a representative takes precedence over any non-designated relationship and continues throughout the patient's inpatient stay and expressly withdraws the designation, either orally or in writing.
- When a patient is incapacitated or otherwise unable to communicate his or her wishes, there is no written advance directive on file or presented, and an individual asserts that he or she is the patient's spouse, domestic partner (whether or not formally established and including a same-sex domestic partner), parent (including someone who has stood in loco parentis for the patient who is a minor child), or other family members and thus is the patient's representative, MGL will accept this assertion, without demanding supporting documentation, and will provide the individual the information required to make informed decisions about the patient's care, and will involve the individual as the patient's representative in the development and implementation of the patient's plan of care. MGL will also seek the consent of the individual when informed consent is required for a care decision.

MGL will treat the individual as the patient's representative unless:

- More than one individual claims to be the patient's representative. In such cases, it would be appropriate for MGL to ask each individual for documentation supporting his/her claim to be the patient's representative. MGL will make its determination of who is the patient's representative based upon MGL's determination of who the patient would most want to make decisions on his/her behalf. Examples of documentation MGL might consider could include, but are not limited to, the following: proof of a legally recognized marriage, domestic partnership, or civil union; proof of a joint household; proof of shared or co-mingled finances; and any other documentation MGL considers evidence of a special relationship that indicates familiarity with the patient's preferences concerning medical treatment;
- Treating the individual as the patient's representative without requesting supporting documentation would result in MGL violating State law. State laws, including State regulations, may specify a procedure for determining who may be considered to be the incapacitated patient's representative, and may specify when documentation is or is not required; or
- MGL has reasonable cause to believe that the individual is falsely claiming to be the patient's spouse, domestic partner, parent, or other family member.
- A refusal by MGL of an individual's request to be treated as the patient's representative, based on one of the above-specified familial relationships, will be documented in the patient's medical record, along with the specific basis for the refusal.

## The Right to Information

- A patient has the right to receive information from the physician about his or her illness, course of treatment, outcomes of care (including unanticipated outcomes), and his or her prospects for recovery.
- A patient has the right to receive information in a manner that can be understood. Communications with the patient will be effective and provided in a manner that facilitates understanding by the patient. Written information provided will be appropriate to the age, understanding, and as appropriate, the language of the patient. As appropriate, communications specific to the vision, speech, hearing, cognitive, and language-impaired patient will be appropriate to the impairment.
- A patient is entitled to information about the hospital's rules and regulations that affect patient care and conduct.
- A patient has the right to be informed of the relationships between McLaren Greater Lansing and other persons and organizations that may be participating in the provision of his or her care (such as home-care agencies).
- An individual who is or has been a patient is entitled to inspect, or receive for a reasonable fee, a copy of his or her medical record upon request within a reasonable time frame.
- A patient has a right to resolve potential, or actual, issues arising in supporting patient's rights, either by filing a complaint/grievance or by advisory consultation from the Hospital's Ethics Committee.
- The patient's family has the right of informed consent for donation of organs and tissues.

## The Right to Communication

- A patient has a right to know the professional status of any person providing for their care.
- A patient has a right to know the reasons for any proposed change with the Professional staff responsible for his/her care.
- A patient has the right to be advised of the hospital grievance process, should he or she wish to communicate a concern regarding the quality of care he or she receives or if he or she feels determined discharge date is premature. Notification of the grievance process includes: whom to contact to file a grievance, and that he or she will be provided with a written notice of the grievance determination that contains the name of the hospital contact person, the steps taken on his or her behalf to investigate the grievance, the results of the grievance and the grievance completion date.
- A patient has the right to have his or her own physician and family member or representative of his or her choice notified promptly of his or her admission to the hospital. When the patient is incapacitated or otherwise unable to communicate and to identify a family member or representative to be notified, the hospital will make reasonable efforts to identify and promptly notify a family member or patient's representative.

**NOTE:** MGL will document that the patient was asked, no later than the time of admission, whether he/she wanted a family member/representative notified, the date, time, and method of notification when the patient requested such, or whether the patient declined to have notice provided. If the patient was incapacitated at the time of admission, the medical record will indicate what steps were taken to identify and provide notice to a family member/representative and the patient's physician.

## The Right to Personal Safety

- A patient has the right to remain free from seclusion or restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff.
- A patient has the right to receive care in a safe environment.
- A patient has the right to be free from all forms of abuse or harassment.
- A patient may exercise their rights while receiving care without coercion, discrimination, or retaliation.

## The Right to Personal Privacy and Confidentiality of Medical Treatment/Records

- A patient is entitled to full consideration of privacy concerning his or her medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual involved in his or her healthcare.
- A patient has a right to confidential treatment of all communications and records pertaining to his or her care and hospital stay. Written permission will be obtained before medical records can be made available to anyone not directly involved with a patient's care.
- A patient has the right to access, request amendment to, and receive an accounting of disclosures regarding his or her health information as permitted under applicable law.
- A patient is entitled to associate and have private conversations with his or her physician, attorney, or any other person of his or her choice.
- A patient has the right to be afforded privacy during personal hygiene activities, during treatments, and when requested, as appropriate.

## The Right to Spiritual Beliefs

- A patient has the right to have cultural, psychosocial, spiritual, and personal values, beliefs and preferences respected.
- A patient has the right to request pastoral and/or other spiritual care, which shall be respected and accommodated, as appropriate.

## The Right to Formulate Advance Directives (Medical Durable Power of Attorney) and to Appoint a Representative to Make Health Care Decisions on Your Behalf

- The patient has the right to formulate Advance Medical Directives and appoint a surrogate to make health care decisions on his or her behalf to the extent permitted by law.
- A patient has the right to have a family member or representative of his or her choice participate in his or her care as appropriate and allowed by law.
- A patient has the right to have all patient's rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.

- A patient has the right to expect hospital staff and practitioners who provide care in the hospital to comply with his or her directives.
- A patient has the right to expect the hospital will not condition the provision of care or otherwise discriminate against the patient based on whether or not the patient has executed an Advance Directive.
- A patient has the right to file a complaint related to Advance Directive

requirements with the State survey and certification agency.

**NOTE:** Patients in the emergency department, who are in observation status, who are undergoing same-day surgery, or who have been admitted as an inpatient will receive notice of MGL's policies regarding implementation of their advance directive. Issuance of this notice will be documented in the patient's medical record.

## The Right to Transfer and Continuity of Care

- A patient has a right to know the reason for any transfer within a facility or to another facility.
- If a patient's physician feels that a patient should be transferred to another facility, the patient has the right to receive complete information and explanation from the physician concerning the need for, or alternatives to, such a transfer.
- A patient has the right to have reasonable continuity of care.
- A patient has the right to be informed by his/her physician or a delegate of his/her physician of the continuing healthcare requirements following his/her discharge from the hospital.

## The Right to be Informed of Any Experimentation or Other Research Projects Affecting Your Care

- A patient is entitled to information concerning any experimental procedure proposed as a part of his or her care and shall have the right to refuse to participate in the experiment without jeopardizing his or her access to services or continuing care.

## The Right to be Informed of Hospital Charges

- A patient is entitled to receive and examine an explanation of his or her bill regardless of the source of payment.
- A patient has a right to be fully informed, prior to or at the time of admission, and during stay, of services available in the facility, and of related charges including any charges for services not covered by the Social Security Act or by the facility's basic per diem rate.
- A patient has the right to be informed of the source of the hospital's reimbursement for his/her services, and of any limitations which may be placed upon his/her care.

## The Right to Visitation

- A patient will be informed of his or her visitation rights, including any clinical restriction or limitation.
- A patient has the right to receive the visitors whom he or she designates, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and has the right to withdraw or deny such consent at any time.
- A patient's visitors will not be restricted, limited, or otherwise denied visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.
- MGL will ensure that all visitors enjoy full and equal visitation privileges consistent with patient preferences.

**NOTE:** The medical record will contain documentation that the patient/representative received notification of his/her rights to visitation.

**NOTE:** If the patient believes that he or she is not able to exercise any of the foregoing rights, the patient is invited to contact the Safety & Quality Department at (517) 975-8506.

## Patient Responsibilities

In addition to their rights, patients have a responsibility to take, within their capacity, a role in their care. These responsibilities include:

- A patient is responsible for following the hospital's rules and regulations affecting patient care and conduct.
- A patient is responsible for providing a complete and accurate medical history.
- A patient is responsible for making it known whether he or she clearly understands the plan of care and asking questions and following instructions.
- A patient is responsible for following the recommendations and advice prescribed in a course of treatment by the physician.
- A patient is responsible for providing information about unexpected complications that arise in an expected course of treatment.
- A patient is responsible for being considerate of the rights of other patients or residents and hospital staff and property.
- A patient is responsible for providing the hospital with accurate and timely information concerning his or her sources of payment and ability to meet financial obligations.
- A patient is responsible to provide prompt payments for service billed that are not covered by insurance, or to make proper arrangements regarding outstanding balance.
- A patient and/or advocate will be an active participant in the decision-making process relating to his or her care through information/education received by the professional staff.
- A patient is responsible for keeping appointments and for notifying the hospital or physician when he/she is unable to do so.
- A patient is responsible for his/her actions should he/she refuse treatment or not follow his/her physician's orders.

## Filing a Complaint

In addition to the organization's complaint process, any person may file a complaint about a health facility with the Michigan Department of Community Health. You may contact either agency in writing or verbally to obtain further information regarding this process. Written complaints may be submitted to:

Michigan Department of Community Health, Bureau of Health Systems, Division of Operations, Complaint Investigation Unit  
P.O. Box 30664, Lansing, MI 48909

You may call **1-800-882-6006** for additional information.