



WHAT YOU NEED TO KNOW
ABOUT YOUR HOSPITAL STAY
PATIENT INFORMATION



CARING FOR YOU THE PATIENT

At McLaren Flint, your care and satisfaction are our main concern. As health care professionals, we are dedicated to providing you with high quality, compassionate care in partnership with you and your family. Our commitment is to make you as comfortable as possible while we serve your personalized health care needs. If there is anything you need during your stay, please do not hesitate to talk with a member of your healthcare team.

You may receive a written patient satisfaction survey by mail after you are discharged. We appreciate your participation in our patient satisfaction efforts. Your comments are important to us. If you would like to share your feedback, you can also contact our patient compliment/concern line at (810) 342-CARE (342-2273).

Thank you for entrusting us with your care.

Warmest regards,

Chris Candela
President and CEO,
McLaren Flint

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COMMITMENT TO PATIENT SAFETY

PLEASE SPEAK UP

McLaren Flint invites patients and their families/representatives to get involved in your health care and treatment plans. Please SPEAK UP! The Joint Commission, together with the Centers for Medicare and Medicaid Services (CMS), launched a national campaign to urge patients to take an active role in preventing health care errors by becoming active, involved and informed participants on the health care team. The Speak Up™ program encourages the public to:

Speak up if you have questions or concerns, and if you don't understand, ask again. It's your body and you have a right to know.

Pay attention to the care you are receiving. Make sure you're getting the right treatments and medications by the right health care professionals. Don't assume anything.

Educate yourself about your diagnosis, the medical tests you are undergoing, and your treatment plan.

Ask a trusted family member or friend to be your advocate.

Know what medications you take and why you take them. Medication errors are the most common health care errors.

Use a hospital, clinic surgery center, or other type of health care organization that has undergone a rigorous on-site evaluation, such as the evaluations provided by Joint Commission. McLaren Flint is Joint Commission accredited.

Participate in all decisions about your treatment. You are the center of the health care team.

A CULTURE OF SAFETY

Our first priority is promotion of safety and prevention of injury. The single most important way you can help maintain a safe environment is to be an active member of your health care team. To assist you in managing your care, we are providing information that will help you be an active member of your health care team.

HOW CAN I REPORT SAFETY CONCERNS?

We consider patients and their family members/visitors to be a vital part of our patient safety program. McLaren Flint encourages patients and their visitors to report any risks to patient safety. If you notice something that could cause an unsafe situation, you can report it to your physician, the department manager or any of the staff providing your care. You may also report patient safety concerns, or improvement suggestions to:

Patient Experience Advocate (810) 342-2273

Your well-being is our primary concern.

PATIENT SAFETY-STEPS TO SAFER HEALTH CARE

HERE IS HOW YOU CAN MAKE YOUR STAY A SAFE AND POSITIVE EXPERIENCE:

1. Ask Questions

- Speak up if you have concerns. It's okay to ask questions and to expect answers you can understand.
- Write down your questions so they will be ready when you see your doctor.
- Tell the nurse or doctor if you are not getting what you think you should be getting.
- Ask the doctor what test results mean.

in the lot off Ballenger Highway directly across from the hospital's main entrance.

- If parking fees are reestablished for the Ballenger Ramp, your receipt will allow you to return to the ramp on the same day at no charge. Be sure to retain your receipt to show the parking attendant.
- For patients receiving care in the Emergency Department and their families, there is free parking near the Emergency area in the South lot.
- Family members of patients hospitalized 10 days or more may park free by contacting the Information Desk or calling 810-342-2217.
- Valet parking is available at the hospital's main entrance Mon.-Fri., 6:00 a.m. to 6:00 p.m. The cost is \$5 per vehicle.

Patients and families attending special functions may be eligible for free parking. Contact the McLaren Flint staff person responsible for coordinating the special function.

containers for belongings including dentures, hearing aids and eye glasses if you do not have them. McLaren Flint is not liable or responsible for any items retained in your possession while you are here. Requests for reimbursement to replace personal items cannot be authorized. Thank you for your cooperation and for choosing McLaren Flint for your health care needs. We are glad you are here.

DINING OPTIONS

- **Café** - located on 1 Central, between the Lobby and Patient Registration.
Hours: Mon.-Fri. 7:00 a.m. to 7:00 p.m.
Starbucks coffee available daily until 4 p.m.
Closed Holidays
- **Main Cafeteria** - located on the Ground Floor (North Elevators) where you will find a larger selection of food and more eating space.
Hours: Mon.-Fri. 7:00 a.m. - 2:00 p.m.
and Sat.-Sun. 7:00 a.m. - 5:00 p.m.



The Chapel/Reflection Room is located on the first floor adjacent to the lobby. Visitors of all faiths are welcome to visit the chapel for prayer and meditation. It is open 24 hours a day, 7 days a week.

PASTORAL SERVICES

The McLaren Chaplaincy Program was created to respond to patients' spiritual needs. The McLaren Chaplains are a diverse representation of Flint area pastors. All have positions in a local church, synagogue, mosque, or temple, and are recognized by their individual faith organization, or denomination. Each pastor rotates in schedule and all are 'on call' for 24 hours the day they serve. Their work is confidential and personal. Any needs beyond their time and resources are referred to home worship centers, family clergy, and to other professionals to follow up on. If you are in need of

pastoral services while at McLaren Flint call the hospital operator by dialing 22000 from a bedside phone.

GUEST WIRELESS SERVICE

McLaren Flint has wireless internet service available to our guests. The system is available throughout the Medical Center.

For guests to access the system they simply need to do the following:

- View available wireless networks
- Select and connect to the wireless connection named "guest"

*Connection does not require an access code or key.

SPECIAL THINGS GIFT SHOP

The Special Things Gift Shop located inside the Main Lobby of the hospital offers a wide variety of personal need items, cards, flowers, reading material, snacks and gift items.

- Hours may vary
- Sundays and Holidays Closed

PARKING GUIDELINES FOR PATIENTS AND FAMILIES

We hope that your stay is comfortable and that we are able to meet your care and service expectations. We have developed this information regarding parking guidelines to be sure that you are informed of where to park, and of our parking policies. If you have any questions about any of this information, please call the Security Department at (810) 342-3333.

GENERAL GUIDELINES:

- Parking for patients and visitors at McLaren Flint is available in the Ballenger Ramp adjacent to the Medical Center. Currently, the fee for parking in the ramp is being waived due to COVID-19, however, it may be reestablished without notice. Free visitor parking is available

2. Identify Yourself

- Wear your hospital ID bracelet at all times. If your bracelet comes off, ask someone to get you a new one.
- Check the information on your hospital ID bracelet to make sure that your name, birth date and medical record number are on it.
- Make sure all staff check your ID bracelet before any procedure or test, or ask you your name and birth date.
- Do not take medication given to you unless the nurse has identified you by checking your wristband and/or asking you your name and birth date.

3. Get the Most From Your Medications

- While in the hospital, do not take any medication you brought from home, unless told to do so by your doctor or hospital staff.
- If you bring any medications to the hospital, please send them home with a family member.
- If the medication looks different than you expected, ask the nurse about it.
- Tell your doctor and nurse about all the medicines you take, including over-the-counter medicine such as aspirin, ibuprofen, vitamins and herbals.
- Tell your nurse and doctor about any allergies you have.
- When you are discharged, ask the doctor if you should continue to take the medications you were taking at home. Do not assume that you should resume any medications previously taken before speaking to the doctor.

4. Help Prevent the Spread of Germs

GENERAL

- **Hand washing is the best way to prevent the spread of germs.**
- The McLaren Staff will welcome your reminder to wash their hands, wear gloves

- before examining you or giving you your medicine.
- Ask friends and relatives who have colds, respiratory symptoms, or other contagious illnesses not to visit you or anyone in the hospital.
- Get vaccinated, if it is recommended. Flu and pneumonia vaccines can help prevent illnesses in elderly and high-risk patients. The pneumonia vaccine is available year round in the hospital. The flu vaccine is available during flu season.

CENTRAL LINE

- Central line is a tube that is placed in a large vein for medications, blood draws, fluids or nutrition.
- Central line infection can occur when a germ travels down the tube and enters your blood.
- Do not touch the catheter or the tubing.
- Make sure your health care providers wash their hands before touching the central line.
- There will be a bandage covering the central line. If the bandage comes off, becomes wet or dirty, tell your nurse right away.
- Inform your nurse if the area around your central line is sore, red, or swollen.

MDRO (Multi Drug-Resistant Organisms):

- Examples of MDRO are MRSA, VRE and Clostridium Difficile (C-Diff).
- These are germs that normally do not cause any problems for most people, but can sometimes cause serious infections such as skin, wound, pneumonia or blood infections.
- If you have a history of a MDRO, inform your nurse.
- Make sure health care providers wash their hands before examining you as these types of germs may be spread by touch.

- Make sure that your room is carefully cleaned.
- Be sure to finish any antibiotic that you are prescribed. Do not stop or take less than prescribed antibiotic medication.
- If you have a MDRO, you will have a sign on your door stating “Contact Precautions” and health care providers will wear a gown and gloves. Your visitors should also wear a gown and gloves.

5. Protect Those Around You – No Latex Balloons

- Tell friends and family members not to bring latex balloons to the hospital. Many people have serious allergies to latex.

6. Surgery

- Make sure you understand what will happen if you need surgery.
- Ask the surgeon if you are unclear about your surgery.
- Tell the surgeon, anesthesiologist and nurses if you have ever had a bad reaction to anesthesia.
- Remove your jewelry or other valuables and send it home.

SURGICAL SITE INFECTIONS:

- Surgical Site Infection is an infection that occurs after surgery in the part of the body where the surgery took place.
- Ask your health care provider if you will get antibiotics before surgery.
- Do not remove body hair by shaving where you will have surgery.
- Quit smoking. Studies show that smokers are more likely to get infections.
- Inform your nurse if there is pain or redness at your surgery site.
- Make sure all health care providers wash their hands before examining you or your surgical site.

ASK THE DOCTOR/SURGEON:

- Who will take charge of my care while I'm in the hospital?
- Exactly what will you be doing?
- How long will it take?
- What will happen after surgery?
- How can I expect to feel during the recovery?

FALLS – ARE YOU AT RISK?

A CULTURE OF SAFETY WE C.A.R.E. ABOUT PREVENTING FALLS AND FALL-RELATED INJURIES

Our first priority is promotion of safety and prevention of injury. The single most important way you can help maintain a safe environment is to be an active member of your health care team.

CREATING A SAFE ENVIRONMENT DURING YOUR HOSPITAL STAY

- Call light and personal items are placed within your reach
- Bed is in low position at all times and wheels are locked
- Furniture may be arranged to exit from your strong side
- Rooms are free of clutter and pathway to the bathroom is clear
- Your assistive devices are within reach (i.e. walkers, canes)

ASSESSING YOUR RISK OF FALLING

- Your nurse will assess your risk of falling on admission, every shift, and with any changes in your condition and/or level of care.

REDUCING YOUR RISK OF FALLING

- Wear treaded slippers or your shoes when up.
- Always follow your doctors' orders and nurses' instructions about whether you must stay in bed or if you need assistance to go to the bathroom

may contact the McLaren Corporate Compliance hotline at 1-866-MHC-Comply (1-866-642-2667) or the Centers for Medicare and Medicaid Services at 1-800-985-3059.

Visit www.cms.gov/nosurprises for more information about your rights under federal law. Visit <https://www.michigan.gov/DIFScomplaints> for more information about your rights under Michigan law, or visit surprisebilling@insurance.ohio.gov for your rights under Ohio law.

YOU HAVE THE RIGHT TO RECEIVE A “GOOD FAITH ESTIMATE” EXPLAINING HOW MUCH YOUR HEALTH CARE WILL COST

Under the law, health care providers need to give patients who don't have certain types of health care coverage or who are not using certain types of health care coverage an estimate of their bill for health care items and services before those items or services are provided.

- You have the right to receive a Good Faith Estimate for the total expected cost of any health care items or services upon request or when scheduling such items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- If you schedule a health care item or service at least 3 business days in advance, make sure your health care provider or facility gives you a Good Faith Estimate in writing within 1 business day after scheduling. If you schedule a health care item or service at least 10 business days in advance, make sure your health care provider or facility gives you a Good Faith Estimate in writing within 3 business days after scheduling. You can also ask any health care provider or facility for a Good Faith Estimate before you schedule an item or service. If you do, make sure the health care provider or facility gives you a Good Faith Estimate in writing within 3 business days after you ask.

- If you receive a bill that is at least \$400 more for any provider or facility than your Good Faith Estimate from that provider or facility, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate and the bill.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises/consumers, email FederalPPDRQuestions@cms.hhs.gov, or call 1-800-985-3059.

POST-HOSPITAL CARE

When your doctor determines that you no longer need all the specialized services provided in a hospital, but you still require medical care, he or she may discharge you to a skilled nursing facility or with home care services. The discharge planner at the hospital will help arrange for the services you may need after your discharge. Medicare and supplemental insurance policies have limited coverage for skilled nursing facility care and home health care. Therefore, you should find out which services will or will not be covered and how payment will be made. Consult with your doctor, hospital discharge planner, patient representative and your family in making preparations for care after you leave the hospital. Don't hesitate to ask questions.

PATIENT BELONGINGS

During your hospital stay we want to make sure that the care you receive is exceptional in every way. Something we need you and your family members to help assist us with is personal belongings. In an effort to help give you peace of mind during your stay, we ask that your family member(s) take your valuables home with them. For items that must be kept in your possession due to necessity, it is important that they are properly and thoroughly inventoried and labeled with your name. We can provide labels and we can also provide storage

YOU ARE PROTECTED FROM BALANCE BILLING FOR:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

In addition to the protections of the Federal No Surprises Act, the state in which you receive services may have protections that apply to your visit for emergency or non-emergency services. Michigan and Ohio limit the amount an out-of-network provider and facility can bill you for emergency services. Additional information is available from your state government. Michigan residents can visit https://www.michigan.gov/difs/0,5269,7-303-12902_92612_92613_92614_107933-497218--,00.html. Ohio residents can visit <https://insurance.ohio.gov/consumers/health/surprise-billing>.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network.

In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other services at these in-network

facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

In addition to the protections of the Federal No Surprises Act, the state in which you receive services may have protections that apply to non-emergency services at an in-network facility. Additional information is available on your state's website. Michigan residents can visit https://www.michigan.gov/difs/0,5269,7-303-12902_92612_92613_92614_107933-497218--,00.html. Ohio residents can visit <https://insurance.ohio.gov/consumers/health/surprise-billing>.

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
 - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
 - Cover emergency services by out-of-network providers.
 - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you

or walk around.

- Make sure the nurse call-button works and you know how to use it.
- Let your nurse know if you will have trouble using the call-button.
- Ask the staff for help if you feel dizzy or weak getting out of bed.
- If you must get up without waiting for help, sit in bed awhile before standing. Then get up carefully and slowly begin to walk, unless you have been advised not to walk without help.
- Remain lying or seated while waiting for assistance. Please be patient. Someone will answer your call as quickly as possible.
- Do not tamper with side rails that may be in use. Side rails are reminders to stay in bed and are designed to ensure your safety.
- Walk slowly and carefully when out of bed. Do not lean on rolling objects such as IV poles, bedside tables or furniture.
- Ask for help when out of bed, especially at night. Make sure there is enough light and keep your eyeglasses within reach.

Patients who are at risk of falling will be monitored more frequently.

Patients who are at risk for falling will have a stop sign posted to alert all hospital personnel to assist in monitoring them.

Patients who are at risk of falling may have a bed alarm to help alert staff.

Certain conditions make us more prone to falls and other accidental injuries. Be alert to situations which could cause you to experience a fall. Here are just a few.

- **Medications** – The more medications you take, the more likely you are to feel dizziness or other side effects. Tell all of your health care providers about all of the drugs you take. Ask them about any side effects that might place you at risk for falls.

- **Walking Difficulties** – Shuffling, weakness, stooped over posture, inability to walk in a straight line, numbness or tingling of toes can make falls more likely. Ask your doctor about helpful devices such as a cane or walker and learn how to use them correctly.
- **Chronic conditions that interfere with thinking such as Alzheimer's Disease**
- **Impaired vision or hearing**
- **Generalized weakness**
- **Fear of falling** – If you feel unsteady on your feet, talk to your doctor, nurse, or any member of your healthcare team. You may benefit from a cane or a walker. Inactivity can lead to more falls because of lost muscle strength.
- **Two or more falls in the past 6 months**

PREVENTING FALLS AT HOME

Things that are known to put you at risk for falling in your own home include:

- 65 years or older
- Using assistive devices (walkers, canes)
- Forgetting or Alzheimer's
- Poor nutrition
- Poor vision or hearing
- Certain medications
- History of falls
- Difficulty getting out of a chair
- Slippery floors, loose rugs, cords on the floor

LIGHTING

- Replace dim, burned out or glaring lights with bright, soft white light bulbs
- Use a night light, especially by stairways and the pathway to the bathroom
- Make sure lights are easy to turn on and off, especially by your bed
- Keep a flashlight available

HALLWAYS AND STAIRS

- Remove clutter, especially on the stairways and path to the bathroom
- Use handrails when taking the stairs
- Place non-skid treads or bright reflective tape to mark the edge of the stairs

FLOORS

- Remove scatter/throw rugs
- Place non-skid treads or double-sided tape under area rugs
- Keep floors free from clutter
- Wipe up spills immediately
- Make sure floors are not slippery
- Remove clutter and wires/cords from the floor (i.e. telephone cords, extension cords)

BATHROOM

- Use a raised toilet seat and safety frame for ease in getting up and down from the toilet
- Set water temperature at 120 degrees or less (prevent burns and falls trying to avoid burns)
- Consider a hand-held shower head, shower chair and handrails in the tub
- Place non-skid adhesive strips in the tub or a tub bath mat
- Use liquid soap or soap on a rope to prevent dropping soap

MISCELLANEOUS TIPS

- Store items used often at waist level
- Select furniture with armrests for support in getting up and down
- Make sure chairs and step stools are steady
- Keep phone within easy reach

PREPARING FOR DISCHARGE

About 24 hours before your anticipated discharge from the Medical Center, you may want to talk with your nurse and/or case manager to make sure you have everything needed for a smooth transition from your stay at McLaren to your discharge destination.

ANSWERS TO COMMON QUESTIONS

Every patient at McLaren Flint will have a discharge plan. This is the term we use to speak about the end of your hospital stay and your care after you leave the hospital.

If your stay is scheduled ahead of time, the planning may start before you arrive. If your hospital stay is not planned ahead, the planning for your discharge will start soon after you arrive.

The following information explains your role in the process, and answers common questions about care transitions/discharge planning.

How does discharge planning work at McLaren Flint?

You and your family are our partners in planning a safe, smooth, and prompt discharge. Upon admission to the hospital, we work with you and your family to begin your discharge planning process. This is done by gathering information and resources so that we can review all of the options for what you will need after you leave the hospital.

- Every patient, patient representative, and physician has the right to request a discharge planning evaluation

Who can help with discharge planning?

The professional staff from the Department of Case Management will collaborate with all of the disciplines who provided services or attention to you during your hospital stay to assist with a discharge that is both safe and meets your medical needs.

you for care unless it provides you with a Notice of Noncoverage.

HOW TO REQUEST A REVIEW OF THE NOTICE OF NONCOVERAGE

- You must make your request for review to the PRO by noon of the first work day after you receive the Notice of Noncoverage by contacting the PRO by phone or in writing.
- The PRO must ask for your views about your case before making its decision. The PRO will inform you by phone or in writing of its decision on the review.
- If the PRO agrees with the Notice of Noncoverage, you may be billed for all costs of your stay beginning at noon of the day after you receive the PRO's decision.
- Thus, you will not be responsible for the cost of hospital care before you receive the PRO's decision.
- If the Notice of Noncoverage states that the PRO agrees with the hospital's decision to discharge you:
 - You may make a request for reconsideration to the PRO immediately upon receipt of the Notice of Noncoverage by contacting the PRO by phone or in writing.
 - The PRO can take up to three working days from receipt of your request to complete the review. The PRO will inform you in writing of its decision on the review.
 - Since the PRO has already reviewed your case once, prior to the issuance of the Notice of Noncoverage, the hospital is permitted to begin billing you for the cost of your stay beginning with the third calendar day after you receive your Notice of Noncoverage even if the PRO has not completed its review.
 - Thus, if the PRO continues to agree with the Notice of Noncoverage, you may have to pay for at least one day of hospital care.

NOTE: The process described above is called "immediate review." If you miss the deadline for this immediate review while you are in the hospital, you may still request a review of Medicare's decision to no longer pay for your care at any point during your hospital stay or after you have left the hospital. The Notice of Noncoverage will tell you how to request this review.

YOUR RIGHTS AND PROTECTIONS AGAINST SURPRISE MEDICAL BILLS

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

WHAT IS "BALANCE BILLING" (SOMETIMES CALLED "SURPRISE BILLING")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

TAGLINES IN ADDITIONAL LANGUAGES

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (810) 342-1065 TTY: (844) 578-6563.

Arabic

تنبيه: إذا كنت تتحدث العربية، فلديك خدمات مساعدة لغوية مجانية تحت تصرفك. اتصل ب (810) 342-1065 (844) 578-6563

Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電(810) 342-1065 TTY: (844) 578-6563.

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (810) 342-1065 TTY: (844) 578-6563.

Albanian

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në (810) 342-1065 TTY: (844) 578-6563.

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (810) 342-1065 TTY: (844) 578-6563. 번으로 전화해 주십시오.

Bengali

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১- (810) 342-1065 TTY: (844) 578-6563.

Polish

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer (810) 342 -1065 TTY: (844) 578-6563.

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: (810) 342 -1065 TTY: (844) 578-6563.

Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero (810) 342-1065 TTY: (844) 578-6563.

Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。(810) 342-1065 (TTY: (844) 578-6563. まで、お電話にてご連絡ください。

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (810) 342-1065 телетайп: (844) 578-6563.

Serbo-Croatian

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite (810) 342-1065 TTY- Telefon za osobe sa oštećenim govorom ili sluhom: (844) 578-6563.

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (810) 342-1065 TTY: (844) 578-6563.

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (810) 342-1065 ATS: (844) 578-6563.

How can I help with my discharge plan?

To help with your discharge plan:

- Ask your doctor how long you are expected to stay in the hospital, and what assistance he or she recommends.
- Tell your nurse the medications you already have at home, and where you plan to fill your prescriptions.
- Talk with your family and support system about how they are able to help at home upon discharge. Tell your nurse if you do not have someone who can help you at home.
- Ensure you and/or your representative has keys to your home/car.
- Talk with your nurse about getting home. If there are restrictions on how you can travel, the nurse will help you make plans.
- Please confirm your discharge time with your nurse or doctor and arrange your ride in advance. We will make every effort to have everything ready for your planned discharge time.

What do I need for my hospital stay that will help with planning for discharge?

- Health insurance card.
Pharmacy or drug benefit card (this is part of many insurance cards).
- Legal papers about your health care, such as a Health Care Directive (Living Will) and Power of Attorney, if you have them.
- Phone numbers of family or friends you may want contacted during your stay.
- Glasses, hearing aids, dentures, or any other health aids that you may use.
- Current photo identification if traveling by plane.
- It is best to leave valuables at home.

What if I need skilled nursing facility (SNF) services after discharge?

If you, or your care team, determine that you need the specialized services of a skilled nursing facility, a member of the Case Management Department will meet with you and your family to provide a list of facilities and ask you to decide on your top choices based upon bed availability. We will make every effort to arrange care in one of your preferred choices.

Your Case Management Team member will help coordinate all of your discharge processes.

Due to the demand for hospital services, we cannot allow you to stay once you no longer need to be in the hospital.

What if I need rehabilitation services at discharge?

Rehabilitation can occur in an inpatient setting, a skilled nursing facility, or in the home, depending on your needs. Inpatient rehab admission is based on:

- Your diagnosis and condition
- Your expected progress
- Your insurance coverage
- Bed availability

Your doctor will order a rehab evaluation for in-hospital rehabilitation if needed.

What if I need help at home?

Home health means the skilled services of a nurse or physical, occupational, or speech therapist and the service requires a doctor's order. Home health is often covered by insurance, and will be arranged by a Case Manager who will also verify your insurance and discuss the guidelines surrounding home care services.

Home care programs generally do not offer "skilled" services and are not covered by insurance. These programs may include help with:

- Transportation
- Bathing

- Dressing
- Feeding
- Housework
- Cooking

A member of the Case Management Team will provide you with a list of agencies so you and your family can arrange for help if you need it.

How will I pay for my aftercare?

The Case Managers and Social Worker staff will assist you in obtaining authorization coverage for your discharge planning needs by working with your insurance provider to find out what services you qualify for and which services are covered. Some services that you may need at home may not be covered by your insurance plan. The Case Management and Social Work staff will help you sort this out, and let you know if there are other resources available to you.

The Case Management staff will work closely with your insurance company to ensure your medical needs will be addressed when you are preparing to discharge from the hospital – some examples of medical needs can include discharge medications, discharge to nursing or rehab facilities, and home health or medical equipment.

We're here to help.

Just as every patient has a discharge plan, you also have a care plan for your hospital stay. Ask your nurse to review it with you so that you will know the goals for your stay.

Your nurse or Case Manager can answer any questions that you or your family may have. Or, they can help direct you to the person who will know the answer.

QUESTIONS TO ASK YOUR HEALTH CARE PROVIDERS:

It is important that you understand your medical condition and any special instructions you need to follow to complete your recovery at home. Below are some questions you may find helpful when talking to your doctor, nurse, or case manager. Questions about your discharge process should be directed to the Case Management department at (810) 342-2375.

- What health problems do I have, and what should I do about them?
- Where do I go for tests, medicines and appointments?
- How should I take my medicine?
- When do I take it?
- What will it do?
- How do I know if it is working?
- Who do I call if I have questions?
- Are there any special precautions that need to be taken while I continue to recover?
- What to do?
- How to do it?
- When to do it?
- Are there any physical or dietary restrictions?

Next Steps:

- When do I need to be seen again?
- Which doctor(s) do I need to see?
- Do I call them to schedule an appointment?
- Do I have the necessary phone numbers to call?

YOUR DISCHARGE

As you are discharged from McLaren Flint, we want to thank you for selecting McLaren for your healthcare. We hope that your stay with us was

MEDICARE RIGHTS

YOUR RIGHTS IF YOU ARE A MEDICARE HOSPITAL PATIENT

- You have the right to receive all the hospital care that is necessary for the proper diagnosis and treatment of your illness or injury. According to Federal law, your discharge date must be determined solely by your medical needs, not by diagnoses or by Medicare payments.
- You have the right to be fully informed about decisions affecting your Medicare coverage and payment for your hospital stay and for any post-hospital services.
- You have the right to request a review by a Peer Review Organization of any written Notice of Noncoverage that you receive from the hospital stating that Medicare will no longer pay for your hospital care. Peer Review Organizations (PROs) are groups of doctors who are paid by the Federal Government to review medical necessity, appropriateness and quality of hospital treatment furnished to Medicare patients. The phone number and address of the PRO for Michigan is:

Michigan Peer Review Organization (MPRO)
40600 Ann Arbor Road, Suite 200
Plymouth, Michigan 48170
1-800-365-5899 or TTY 711-800-365-5899

TALK TO YOUR DOCTOR ABOUT YOUR STAY IN THE HOSPITAL

You and your doctor know more about your condition and your health needs than anyone else. Decisions about your medical treatment should be made between you and your doctor. If you have any questions about your medical treatment, your need for continued hospital care, your discharge, or your need for possible post hospital care, don't hesitate to ask your doctor. The hospital's patient representative or social worker will also help

you with your questions and concerns about the hospital services.

IF YOU THINK YOU ARE BEING ASKED TO LEAVE THE HOSPITAL TOO SOON

Ask a hospital representative for a written notice of explanation immediately, if you have not already received one. This notice is called a "Notice of Noncoverage." You must have this Notice of Noncoverage if you wish to exercise your right to request a review by the Peer Review Organization (PRO). The Notice of Noncoverage will state either that your doctor or the PRO agrees with the hospital's decision that Medicare will no longer pay for your hospital care.

If the hospital and your doctor agree, the PRO does not review your case before a Notice of Noncoverage is issued. But the PRO will respond to your request for a review of your Notice of Noncoverage and seek your opinion. You cannot be made to pay for your hospital care until the PRO makes its decision, if you request the review by noon of the first work day after you receive the Notice of Noncoverage.

If the hospital and your doctor disagree, the hospital may request the PRO to review your case. If it does make such a request, the hospital is required to send you a notice to that effect. In this situation the PRO must agree with the hospital or the hospital cannot issue a Notice of Noncoverage. You may request that the PRO reconsider your case after you receive a Notice of Noncoverage but since the PRO has already reviewed your case once, you may have to pay for at least one day of hospital care before the PRO completes this reconsideration.

If you do not request a review, the hospital may bill you for all the costs of your stay beginning with the third day after you receive the notice of noncoverage. The hospital, however, cannot charge

by the patient's health care team, including physicians, nurses, and therapists. This responsibility also includes keeping appointments and giving notice when unable to do so.

- **Charges or treatment.** Regardless of the type of insurance the patient has, the patient is responsible for paying for, or for ensuring payment for, the medical treatment rendered to the patient at the Medical Center.
- **Respect for others and for property.** A patient is responsible for being considerate of the rights of other patients and for Medical Center personnel. This responsibility particularly recognizes that other patients may be harmed by noisy conversation or behavior. Each patient is also responsible for being respectful of Medical Center property.
- **Medical Center rules and regulations.** A patient is responsible for following the rules and regulations of the Medical Center regarding patient care and conduct.
- **Notice of admission.** A patient has the right to have a family member, a representative and his or her own physician notified promptly of his or her admission.

DISCRIMINATION IS AGAINST THE LAW

McLaren Flint "McLaren" complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. McLaren does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. McLaren:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters or written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people

whose primary language is not English, such as qualified interpreters and/or information written in other languages.

If you need these services, contact the Nursing Office at (810) 342-2177 (24 hours a day).

If you believe that McLaren has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you may file a grievance with:

Patient Experience Department
McLaren Flint
401 S. Ballenger Highway
Flint, MI 48532
Office (810) 342-2273 (CARE)
Fax: (810) 342-2945

You may file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Patient Experience Department is available to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

pleasant, and that we were able to meet your needs in a timely and caring manner.

After your discharge, you may receive a telephone call or written survey from us, asking you to answer some questions about your experience at the Medical Center. We appreciate you taking the time to answer our questions. Your feedback will help us to evaluate our services and to identify ways to improve our care.

Whether you are contacted by us or not, we welcome any comments you would like to share with us about your stay at McLaren. If you wish to speak with a Patient Experience staff member, please call us at 810-342-2273.

MY McLAREN CHART

McLaren Health Care believes in empowering patients to manage their health by providing convenient access to their health information. That's why we've created My McLaren Chart, a secure online portal where patients can access their medical information and become a partner with us in managing their health.

WITH MY MCLAREN CHART, PATIENTS CAN:

- Access their medical information 24 hours a day, seven days a week
- Review clinical summaries and care instructions about recent visits
- Get lab and test results

More information and features will be added to My McLaren Chart in the future as we find new and innovative ways to connect with our patients. My McLaren Chart is completely free to our patients.

Please provide your email at registration during your next visit to a McLaren hospital, physician office or outpatient facility. A secure invitation containing a link to complete registration to join My

McLaren Chart will be emailed to you.

You can also register at:

mclaren.org/mymclarenchart

SPEAK UP™ TO PREVENT INFECTION

1. CLEAN YOUR HANDS

- Use an alcohol-based hand sanitizer.
- Use soap and water if your hands are visibly dirty.
- Clean your hands before eating or touching food.



2. REMIND CAREGIVERS TO CLEAN THEIR HANDS

- As soon as they enter the room.
- This helps prevent the spread of germs.
- Your caregivers may wear gloves for their own protection.



3. STAY AWAY FROM OTHERS WHEN YOU ARE SICK

- If possible, stay home.
- Don't share drinks or eating utensils.
- Don't touch others or shake hands.
- Don't visit newborns.



4. IF YOU ARE COUGHING OR SNEEZING

- Cover your mouth and nose.
- Use a tissue or the crook of your elbow.
- Clean your hands as soon as possible after you cough or sneeze.
- Ask for a mask as soon as you get to the doctor's office or hospital.
- Keep a distance of about 5 feet between you and others.



5. IF YOU VISIT A HOSPITAL PATIENT

- Clean your hands when entering or exiting the hospital.
- Clean your hands before going in or out of the patient's room.
- Read and follow the directions on signs posted outside the patient's room.
- You may be asked to put on a mask, gloves, a paper gown, and shoe covers.
- If sanitizer wipes are in the room, read the instructions. Some wipes are only for cleaning equipment and surfaces, and are not safe for skin.
- If you are unsure about what to do, ask the nurse.



6. GET SHOTS TO AVOID DISEASE

- Make sure your vaccinations are current – even for adults.
- Help prevent diseases like the flu, whooping cough and pneumonia.



to the patient's medical condition, as noted by the patient's physician in the medical record.

- **Social activities.** A patient may meet with, and participate in the activities of social, religious, and community groups at his or her discretion, unless harmful to the patient's medical condition, as noted by the patient's physician in the medical record.
- **Freedom from restraint and abuse.** A patient is entitled to be free from mental and physical abuse and from physical and chemical restraints, except those restraints authorized by the patient's physician in the medical record for a specified and limited time or as necessitated by an emergency to protect the patient from injury to self or to others.
- **No services by the patient.** A patient is entitled to be free from performing services for the Medical Center that are not included for therapeutic purposes in the patient's plan of care.
- **Information about the Medical Center.** A patient is entitled to information about the Medical Center's rules and regulations affecting patient care and conduct. A patient is entitled to information about the Medical Center's policies and procedures for initiation, review, and resolution of patient complaints.
- **Advance directives.** A patient is entitled to receive information about designating another person to make decisions about his or her medical care at the Medical Center in the event the patient is not capable of making decisions himself or herself. A patient may formulate an advance directive and the Medical Center staff will comply with the provisions of the directive within the guidelines of the law and medical ethics.
- **Personal safety.** A patient is entitled to expect reasonable safety as to the Medical Center's practices and environment.

- **Transfer of care.** A patient may not be transferred to another facility unless the patient has received a complete explanation of the need for the transfer.
- **HIV testing.** A patient may not be tested for HIV infection without the patient's consent, unless a health professional or Medical Center employee sustains percutaneous, mucous membrane, or open wound exposure to the blood or other body fluids of the patient. If such exposure has occurred, an HIV test may be performed upon the patient without the patient's consent.
- **Pain control.** A patient has the right to pain control that is appropriate to their situation and needs.
- **Additional information.** If you feel that your rights have not been respected, or if you have concerns about the care you have received, you may file a complaint by calling (810) 342-2273 or writing to:

McLaren Flint
Patient Experience Department
401 S. Ballenger Hwy, Flint, MI 48532

PATIENT RESPONSIBILITIES

- **Medical history.** A patient is responsible for providing honest and complete information about his or her current condition and about his or her past medical condition and treatment.
- **Lack of understanding.** A patient is responsible for making it known if the patient does not understand the description of his or her condition or the description of the course of treatment proposed for his or her condition.
- **Refusal of treatment.** A patient has the right to refuse treatment, but a patient who refuses treatment is responsible for the results of the decision to refuse treatment.
- **Following instruction.** A patient is responsible for following the treatment plan recommended

333.26261 to 333.26271. A third party shall not be given a copy of the patient's medical record without prior authorization of the patient, except as otherwise permitted or required under the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, or regulations promulgated under that Act, 45 CFR parts 160 and 164.

- **Confidentiality of records.** A patient or former patient is entitled to confidential treatment of personal and medical records, and may refuse their release to a person outside the health facility or agency except as required because of a transfer to another health care facility, as required by law or third party payment contract, or as permitted or required under the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, or regulations promulgated under that Act, 45 CFR parts 160 and 164.
- **Privacy.** A patient is entitled to privacy, to the extent feasible, in treatment and in caring for his or her personal needs.
- **Respect.** A patient is entitled, to the extent feasible, in treatment and caring for his or her personal needs, to consideration, respect, and full recognition of his or her dignity and individuality.
- **Appropriate care.** A patient is entitled to receive adequate and appropriate care.
- **Informed decisions.** A patient has the right to make informed decisions and to receive from the appropriate individual, information about his or her medical condition, proposed course of treatment, prospects for recovery, and available choices for treatment, in terms the patient can understand, unless harmful to the patient's medical condition, as noted by the patient's physician in the medical record. A patient is entitled to know who is responsible for and who is providing his or her direct care.

- **Refusal of treatment.** A patient is entitled to refuse treatment to the extent provided by law, and to be informed of the consequences of that refusal. However, when a refusal of treatment prevents the Medical Center or the physician from providing appropriate care according to ethical and professional standards, the Medical Center or the physician may terminate the relationship with the patient.
- **Exercise of rights.** A patient is entitled to exercise his or her rights as a patient and as a citizen free from restraint, interference, coercion, discrimination, or reprisal. A patient's civil and religious liberties, including the right to independent personal decisions, shall not be infringed.
- **Experimental procedures.** A patient is entitled to information concerning an experimental procedure proposed as part of his or her care and shall have the right to refuse to participate in the experiment without jeopardizing his or her continuing care.
- **Explanation of the bill.** A patient is entitled to receive and examine an explanation of his or her bill, regardless of the source of payment and to receive, upon request, information relating to financial assistance available through the Medical Center.
- **Plan of care.** A patient is entitled to receive information concerning his or her continuing health needs and alternatives for meeting those needs and has the right to participate in the development and implementation of his or her plan of care.
- **Private communications.** A patient is entitled to associate with, and have private communications and consultations with his or her physician, attorney, or any other person of his or her choice and to send and receive personal mail unopened on the same day it is received at the Medical Center, unless harmful

PATIENT RIGHTS DECISIONS

McLaren Flint is committed to maintaining the respect and dignity of each person, from birth through the life and death process. This commitment includes the physical, emotional, psychological, and spiritual care of each person. You, the patient, may have to make many decisions while you are in the Medical Center. Some of these decisions are more difficult than others, and at times additional information is needed to make these decisions. Doctors, nurses, and social workers can provide the information you need. Discussion with your family/support persons may be helpful in making these decisions.

Some of the more common decisions that need to be made are: consent for surgery and/or treatment, organ/tissue donations, whether to use life support or whether to stop some type of treatment in progress. You may require time to think, ask questions, and discuss options with your support person. It is helpful to give thought to these decisions before they occur, as it is usually difficult to make them under pressure.

Your doctor is responsible for diagnosing illness, and prescribing medications and treatments. There are times when you have to choose between different kinds of treatments. To make the best decision possible, you may want to discuss the following points with your doctor:

- How will this treatment affect my condition?
- What are the benefits of treatment?
- What are the risks of treatment?
- How long will the treatment need to continue?
- Are there other treatment options and any associated risks?

This is the time to be honest and open with your physician, so that the decision that is made will reflect your values and true feelings. As illness changes or progresses (for better or worse), more

decisions may need to be made. Discussing your feelings with your family is also important, so they know how you feel and can support your choices.

HOSPICE SERVICES

Patients have a right to access Hospice Services. Hospice is a special way of caring for people who have a limited life expectancy and for their family. The goal and focus of hospice care is to provide comfort rather than cure. If you qualify, hospice care includes nursing care, medical social work services, physician services, counseling services and trained volunteers to help you and your family cope with the illness. Bereavement services are also available.

WHAT IF I AM UNABLE TO MAKE MY OWN DECISION?

Your family and doctor may need to make decisions if you are unable to do so. Those decisions should be what you, as the patient, want done in that situation. Even though it is difficult to discuss illness, treatment, and the possibility of death, sharing your views with your family and physician will help them carry out your wishes.

DURABLE POWER OF ATTORNEY FOR HEALTH CARE AND LIVING WILLS

The law in Michigan allows you to name a person to make medical decisions on your behalf, if you are unable to do so. This person must be at least 18 years of age, and is known as the "Patient Advocate." The form used to designate someone to be your Patient Advocate is called the Durable Power of Attorney for Health Care or an Advanced Directive, which can be completed by working with our Advance Care Planning office.

When you name someone to be your Patient Advocate, it must be done in writing, signed by you, dated and witnessed by at least two people. Your Patient Advocate must sign a written acceptance of

the responsibility before they can make decisions for you. Your Patient Advocate will not be asked to make decisions for you, unless you become unable to make your own decisions. That determination will be made by your attending physician, and either another physician or licensed psychologist. You also have the right to cancel or change your Patient Advocate designation at any time. If you already have a Patient Advocate, you should make sure that your doctor and the Medical Center are aware of this. A copy of that form will need to be placed in your medical records, to be sure that your wishes are followed.

If you have not named a Patient Advocate, but would like to do so, forms are available through the Social Work Department, by contacting the Advance Care Planning department here at the Medical Center or through your attorney. It is very important for you to discuss this decision with your family, and attending physician.

A “living will” is a statement about your health care preferences to be used if you can no longer make your own choices. While the living will is not the legislated form of advance directive in Michigan, it does tell healthcare providers about your preferences. If you have a living will, please provide your doctor and the Medical Center with a copy.

If you would like to complete your Advance Directive, please contact the Advance Care Planning Facilitator at 342-2546 or if you would like further information, please contact the Social Work Department at 342-2375.

DECISIONS ABOUT LIFE SUPPORT

CPR (cardiopulmonary resuscitation) is a method used to assist the heart and lungs. This method is beneficial in certain circumstances, but is not always helpful. Other terms for CPR are “Code Blue” or “Resuscitation.”

At certain times, the decision about whether or not to perform CPR as a method of treatment needs

to be made. A decision to have no resuscitation is called a “DNR” (Do Not Resuscitate). If you have made a decision about CPR for yourself or if you have questions about the usefulness of this procedure for yourself, please discuss this with your physician. If at any time you wish to change your decision, be sure to discuss this with your family and physician/nurse so that your decision may be documented in your medical record.

DECISIONS ABOUT ORGAN AND TISSUE DONATIONS

Michigan law requires that hospitals ask about donating tissues or body organs if there is a death. Tissue donation can include eyes, skin, and bone. Organ donation includes kidneys, heart, liver, and pancreas. A request for organ donation will not be made if the patient is not an acceptable candidate for donation.

The nursing staff are available to answer questions, and assist you in making contact regarding donation arrangements with the Michigan donor organization, Gift of Life.

PAIN CONTROL

Every patient has the right to pain control that is appropriate to their situation and needs. If you feel that your pain is not being adequately relieved, you should tell your nurse and physicians so that your treatment may be reevaluated.

FILING A COMPLAINT OR CONCERN AT McLAREN

It is the goal of the administration and staff of the Medical Center that you have a pleasant hospital stay and that we meet your needs and expectations. Each employee is charged with making your stay as pleasant as possible. However, in the event you or your family members have a concern about the care you are receiving, you have the right to voice your concern(s) without fear of retaliation. To do this, please notify your caregiver

immediately. If your caregiver is unable to meet your needs, he/she will contact the appropriate person to resolve your complaint. You may also request to speak with the manager of the department where you are receiving care. The manager is usually available Monday – Friday during normal business hours. After hours, or on holidays/weekends, you may request to speak with the Nursing Supervisor.

Complaints may also be filed with:

McLaren Flint
Patient Experience Department
401 S. Ballenger Hwy, Flint, MI 48532
(810) 342-2273

While we hope you will give us every opportunity to resolve any complaints or concerns you have, any person may file a concern about a health facility with the Michigan Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems – Health Facility Complaints
P.O. Box 30664, Lansing, Michigan 48909
Phone: (800) 882-6006 • Fax: (517) 763-0219
Email: BCHS-Complaints@michigan.gov

COMPLIANCE HOTLINE: 1-866-642-2667

Patients and their representatives are encouraged to use the McLaren Flint Compliance Hotline 1-866-642-2667 to report issues or concerns related to the privacy and security of your health information, or any other compliance matter.

McLaren Flint is accredited by The Joint Commission (TJC). TJC is committed to quality healthcare. You may contact TJC to communicate compliments or concerns through their website:

<https://www.jointcommission.org>
Using the “Report a Patient Safety Event” link in the “Action Center”

or by fax at 630-792-5636;

or through mail at:

Office of Quality and Patient Safety
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

or you may contact:

Livanta LLC
BFCC-QIO
10820 Guilford Road, Suite 202
Annapolis Junction, MD 20701-1105
www.livantaqio.com/en/States/Michigan
Helpline: (888) 524-9900
TTY: (888) 985-8775
Fax: (855) 236-2423

YOUR DECISIONS

These topics are not intended to make you uncomfortable, rather, they are intended to ensure that you are a part of your medical treatment choices. Spending some time thinking about these concerns and discussing them with your doctor, family or support person can help you make better decisions.

PATIENT RIGHTS AND RESPONSIBILITIES

As a patient of McLaren Flint and its affiliates, you have the following rights and responsibilities:

PATIENT RIGHTS

- **No discrimination.** A patient will not be denied appropriate care on the basis of race, religion, color, national origin, sex, age, disability, marital status, sexual preference, or source of payment.
- **Inspection of medical records.** A patient or former patient is entitled to inspect, or receive for a reasonable fee, a copy of his or her medical record, within a reasonable timeframe, upon request in accordance with the Medical Records Access Act, 2004 PA 47, MCL