

McLaren Print System Order

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PATIENT RIGHTS AND RESPONSIBILITIES
McLaren

YOUR RIGHTS

1. You cannot be denied appropriate care on the basis of race, creed, religion, color, national origin, sex, age, handicap, marital status, sexual preference, or source of payment.
2. You are entitled to inspect, or receive for a reasonable fee, a copy of your medical record upon request. Another party shall not be given a copy of your medical record without your prior authorization.
3. You are entitled to confidential treatment of your personal and medical records, and you may refuse that information to any person outside the hospital except as required because of a transfer to another health-care facility or as required by law or third party request contract.
4. You are entitled to privacy, to the extent feasible, in treatment and in caring for your personal needs with consideration, respect, and full recognition of your dignity and individuality.
5. You may request a transfer to a different room. If another patient or a doctor is unavoidably disturbing you, and if another equally suitable room is available.
6. You are entitled to receive adequate and appropriate care, including about your medical condition, outcomes of care, including alternate patient outcomes, proposed course of treatment, and prospects for recovery, in terms that you can understand, unless medically inappropriate as determined by the attending physician in the medical record.
7. If you are over age 18, you have the right to designate a "patient advocate" to make medical treatment decisions for you in the event that you are unable to participate in your own medical treatment decisions.
8. You may refuse treatment to the extent provided by law and you are entitled to be informed of the consequences of that refusal. If your refusal of treatment prevents McLaren Thumb Region or our staff from providing appropriate care according to ethical and professional standards, your relationship with McLaren Thumb Region may be terminated upon reasonable notice.
9. You are entitled to exercise your rights as a patient and as a citizen, and to file and you may present grievances or recommend changes in policies and services on behalf of yourself or others to our staff, to government officials, or to another person of your choice within or outside the hospital. You are allowed to present these recommendations or grievances from both inpatient, out-patient, observation, documentation or regional. You are entitled to information about McLaren Thumb Region's policies and procedures for initiation, review, and resolution of patient complaints.
10. You are entitled to receive information concerning any experimental tests or use of new drugs or procedures, and you have the right to refuse to participate in the experiment without preventing your continuing care.
11. You are entitled to receive and examine an explanation of your bill, regardless of the source of payment, and upon request you may receive information relating to financial assistance available through the facility.
12. You are entitled to know who is responsible for, and who is providing your direct care, and you may receive information concerning your continuing health needs and alternatives for meeting those needs, and you may be involved in your discharge planning, if appropriate.
13. You may associate and have private communications and consultations with your physician, attorney, or any other person of your choice, and you may send and receive personal mail unopened on the same day it is received at the hospital, unless your physician documents in the medical record that it is medically unsafe to do so. Your civil and religious beliefs, including the right to independent personal decisions and the right to knowledge of available choices cannot be infringed, and McLaren Thumb Region will encourage and assist in the fullest possible exercise of these rights. You may meet with and participate in the activities of social, religious, and community groups of your decision, unless your physician documents in the medical record that it is medically unsafe to do so.
14. You are entitled to be free from mental and physical abuse and from physical and chemical restraints, except those restraints authorized in writing by a physician for a specified and limited time, or as authorized by an emergency to protect you, your rights to yourself and/or others. In this case, the restraint may only be applied by a qualified professional who must act forth in writing the circumstances regarding the use of restraints, and who shall promptly report the action to the attending physician. In case of a chemical restraint, a physician shall be consulted within 24 hours after the restraint has been initiated.
15. You are entitled to be free from performing services for McLaren Thumb Region that are not included for therapeutic purposes in your plan of care.
16. You are entitled to information about McLaren Thumb Region's rules and regulations affecting patient care and conduct.
17. You have the right to have your pain assessed and appropriately managed. You have the right to receive education related to your pain and pain control measures. You can request that your requests for pain relief will receive rapid response, that your requests of pain will be taken seriously and that the staff will use state of the art pain management techniques.

You may have access to protective services in this community. Protective services in Huron County include the Department of Human Services and the Assault Crisis Shelter. These organizations can be contacted by asking your caregiver or social worker to help. You may also contact these agencies directly at the numbers below or dial 4363 or 4373.

Department of Human Services, Pomeroy Park - (989) 470-6100
 Protective Services Intake - (989) 444-3971
 Thumb Area Assault Crisis Shelter - (989) 240-3698 or (989) 873-4121
 Joint Commission Office of Quality and Patient Safety
customerrelations@jointcommission.org

The Ethics Advisory Group can be contacted at any time to deal with urgent patient care issues. Patients, families, nursing staff, or physician may request an Ethics Advisory Review by contacting the Nursing supervisor, Risk Management or Chairman of the Ethics Advisory Group.

YOUR RESPONSIBILITIES

1. Follow the rules and regulations affecting patient care and conduct.
2. Provide a complete and accurate medical history.
3. Advise your caregivers if you have experienced a "patient advocate".
4. Let your caregivers know whether you completely understand your plan of care and what you are expected to do.
5. Follow the recommendations and advice prescribed by your physician. You are responsible for the outcomes if you do not follow the care, service, or treatment plan.
6. Provide any information about unexpected complications that arise in your treatment, and report any personnel in your care.
7. You are responsible for being considerate of the rights of other patients and hospital personnel and property.
8. You are responsible for providing McLaren Thumb Region with accurate and timely information concerning your sources of payment and your ability to meet financial obligations.

If you feel that any of your rights as a patient have been denied, contact Michigan Department of Community Health - Bureau of Health Systems, Division of Operations, Complaint Investigation Unit, P.O. Box 30884, Lansing, Michigan 48916 | (800) 862-8028 | whs@mdch.state.mi.us
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