

McLaren Print System Order

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 Phone: 989-894-6547

Ship Location: McLaren Bay Diagnostic Imaging Attn: Andrea Mercer
 3175 W Professional Drive Ste: 4
 Bay City, MI 48706

Brochures
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 Company Number: 60

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 Item Description: Patient Rights and Responsibilities - Bay
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PATIENT RIGHTS AND RESPONSIBILITIES

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 request, or receive for a designated 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 disclosure of your personal and medical records, and you may refuse their release 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 agreement contract.
4. You are entitled to privacy in the system facilities, in treatment and in caring for your personal needs with consideration, respect, and full recognition of your rights and individuality.
5. You may request to transfer to a different room if another patient or a visitor is uncomfortable. We do not have a strict no-smoking policy in our facilities.
6. You are entitled to receive adequate and appropriate oral information about your medical condition, admission of care, including appropriate outcomes, proposed course of treatment, and prospects for recovery, in forms 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 or the extent provided by law and you are entitled to be informed of the consequences of this refusal. If your refusal of treatment prevents McLaren or our staff from providing appropriate care according to ethical and professional standards, your relationship with McLaren may be terminated upon reasonable notice.
9. You are entitled to receive information concerning any experimental procedures proposed as part of your care, and you have the right to refuse to participate in the experiment without suspending your continuing care.
10. You are entitled to receive oral and written explanation of your full, regardless of the nature of surgery, and your request may require information relating to financial assistance available through the facility.
11. You are entitled to know who is responsible for your care in providing your direct care, and you may receive information concerning your continuing health needs and alternatives to meeting these needs, and you may be involved in your discharge planning, if appropriate.

12. You may associate with those people, organizations and consultants with your physician, attorney, or any other person of your choice and you may send and receive personal mail addressed on the same day. It is recognized that the hospital retains your physician documents in the medical record but it is medically appropriate to do so. Your oral and religious freedom, including the right to independent personal decisions and the right to knowledge of available choices, cannot be infringed upon. You shall encourage and assist in the future possible practice of these rights. You may meet with and participate in the activities of social, religious, and community groups at your discretion, unless your physician documents in the medical record that it is medically appropriate to do so.
13. You are entitled to be free from neglect and physical abuse and from physical and emotional restraints, except those restraints authorized in writing by a physician for a specified and limited time, or as are necessitated by an emergency to protect you from injury to yourself or other persons. In this case, the restraint may only be applied by a qualified professional who must be notified in writing of the circumstances causing the use of restraints, and who shall promptly report the action to the attending physician. In case of a physical restraint a physician shall be consulted within 24 hours after the restraint has been initiated.
14. You are entitled to be free from performing activities for McLaren that are not included for therapeutic purposes in your plan of care.
15. You are entitled to information about McLaren's rates and regulations affecting patient care and conduct.
16. You have the right to hold your own personal and appropriately managed. You have the right to receive information related to your care and your control decisions. You can request that your records be made available upon request, but your records of past and/or recent activity, and that the staff will use state-of-the-art patient management techniques.

You may have access to certain services in this community. Prohibited services in this County include the Department of Human Services and the Michigan Center. These organizations can be contacted by visiting our computer or case management system to help. This may also contact these agencies directly at the numbers below.

Department of Human Services (Priority, 24) - 989-868-0100
 Children Services - 989-868-0147
 The Women's Center for victims of domestic violence and sexual assault - 989-868-0100 or 989-868-4000
 Department of Quality and Patient Safety - 989-868-0100 | customer@mcclaren.com

The Ethics Advisory Group can be contacted at any time to deal with urgent patient care issues. Patients, families, nursing staff or physician and an Ethics Advisory Reviewer by contacting the nursing supervisor, Risk Management or a member 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. Inform your caregivers if you have questions or "patient advocacy".
4. Tell your caregivers if you are unable to understand your plan of care and what you are expected to do.
5. Follow the recommendations and advice provided by your physician. You are responsible for the accuracy of your data, records, or treatment plan.

6. Provide any information about unexplained complications that arise in your treatment, and report any personal file in your care.
7. You are responsible for having someone at the time of all patient visits and hospital admissions and discharges.
8. You are responsible for providing McLaren with accurate and timely information concerning your insurance and payment and your ability to meet financial obligations.

If you feel that any of your rights as a patient have been denied, contact McLaren Department of Community Health - Bureau of Health Services, Division of Operations, Compliance Investigation Unit, 3175 W Professional Drive, Bay City, Michigan 48706, 989-894-6547 | info@mcclaren.com