

## McLaren Print System Order

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 Phone: 989) 894-3849

Ship Location: Heather McAllister  
 1900 Columbus Ave, Attn: Marketing  
 Bay City, MI 48708

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Item Number: MHCC-540-BAY (CR-540)  
 Item Description: Patient Rights and Responsibilities - Caro  
 Revision Date: 7/2020  
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 Misc Info:

### PATIENT RIGHTS AND RESPONSIBILITIES

McLaren wants you to be a partner in your clinic care. We believe the more you know and the more you participate your role with your doctors and healthcare team, the more effective and satisfying your clinic experience will be. The following statements of rights and responsibilities will help you understand what you can expect from us and, in turn, what your responsibilities are to us as patients. If at any time you or your advocate need help understanding or affirming your rights and responsibilities, please talk with your doctor or nurse.

**ASSURING ACCESS TO CARE**  
 You have the right to receive care, regardless of your ability to pay. We will not discriminate against you based on race, ethnicity, national origin, language, or ability. If you do not speak English or are hearing, vision or speech impaired, an interpreter, sign or voice, will assist you.  
 You are responsible for providing full and accurate information about your illness, hospital stays, use of medications and other medical-related to your health.

**UNDERSTANDING YOUR CARE**  
 You have the right to know the names and roles of everyone who cares for you. You have the right to information about your diagnosis, treatment and possible medical outcomes. We encourage you to talk with your physician and healthcare team about procedures and treatments and their risks and benefits. Except in emergencies or in dire circumstances, you must sign a consent form for all major procedures and you have the right to change your mind and withdraw that permission at any time before the procedure.  
 You are responsible for asking questions when you do not understand or are not satisfied with the information or instructions given to you by your physician and healthcare team.

**REFUSING TREATMENT**  
 You have the right to refuse any treatment or medication, as permitted by law. Our staff will help you understand the possible medical consequences of your refusal, but we are not responsible for any resulting injury. You have the right to be free from restraint unless it becomes necessary to protect your safety or that of others. Physical restraints will not be used unless they are needed to protect your safety and dignity. This consent is your medical decision and privacy will be protected. Medications will be used for forensic purposes only within a physician's orders.  
 You are responsible for the consequences of your decision if you refuse treatment or do not follow the instructions of your physician or healthcare team.

**RESOURCING COMPLAINTS**  
 Each patient has the right to be informed of clinic policies and practices that relate to patient care, treatment and responsibilities. Your patient has the right to be informed of available resources for resolving complaints, conflicts and other issues. Patients unable to provide feedback have the right to have access to anonymous services, if appropriate.  
 You are responsible for telling your healthcare team when you are not satisfied with the care or options provided, except that to discuss ethical issues related to your healthcare, or when you have concerns about possible abuse or neglect in your home.

**PROTECTING YOUR PRIVACY AND CONFIDENTIALITY**  
 You have the right to privacy, and your healthcare team will discuss needs and treatments in such a way as to protect this right. Your medical records will be confidential unless you give permission for their release or in cases of suspected abuse or public health hazards when reporting to government as required by law. All other uses of your health information are disclosed in the Notice of Privacy Practices.  
 You are responsible for following clinic rules, following instructions in case of emergency, and being courteous of and respecting the privacy and rights of other patients and staff.

**PLANNING YOUR CARE**  
 You have the right to expect your doctor to coordinate your care with the help of the clinic staff and other specialists as needed. You also have the right to be involved in planning your care, your discharge, or any transfer or referral to another care provider as recommended by your healthcare team. You have the right to report quality-related to reports of pain.  
 You are responsible for reporting any changes in your condition or problems in your treatment including your ability to care for yourself.

**INCLUDING YOUR PREFERENCE**  
 You have the right to have an Advanced Directive, kept in the State of Michigan, which is a legally binding document for Health Care Decision Making. This document expresses your wishes and choices about your future care, and names an authorized someone who will make healthcare decisions for you if you are unable to make your wishes known.  
 If you have an written Advanced Directive, you should give a copy to your advocate, your family and your physician and bring a copy with you to the clinic. If you do not have an written Advanced Directive, we encourage you to discuss your wishes with your family and physician and complete one.

**UNDERSTANDING RECORDS AND REPORTS**  
 You have the right to a full inspection of your clinic bill and to information about financial and healthcare. You are responsible for providing accurate and timely information about medical information for the clinic services or for working with the clinic to arrange payment.

**Patient Safety: Everyone Can Do Something to Prevent an Error**

McLaren is committed to providing the highest quality of care. We are committed to preventing errors. We are committed to providing the highest quality of care. We are committed to preventing errors. We are committed to providing the highest quality of care. We are committed to preventing errors.

McLaren: Department of Learning and Improvement, Office of Patient Safety, 1900 Columbus Ave, Bay City, MI 48708. Call: 989-894-3849. Email: patient.safety@mcclaren.com

The Joint Commission Board of Office of Health Monitoring, One Renaissance Boulevard, East Lansing, MI 48824. Call: 517-353-0000. Fax: 517-353-0000. Email: patient.safety@mcclaren.com

For more information, visit our website: www.mcclaren.com/patient-safety. We are committed to providing the highest quality of care. We are committed to preventing errors. We are committed to providing the highest quality of care. We are committed to preventing errors.

Spec Info: