

## McLaren Print System Order

Order No: 72930  
 Order Date: 2022-10-10  
 User: Leslie Russell  
 Phone: 810-667-5669

Ship Location: McLaren Lapeer Front Desk Attn:Leslie Russell  
 1375 N Main St  
 Lapeer, MI 48446

Brochures  
 Quantity: 2  
 Paragon Dept No: 90200  
 Dept Name: Patient Access  
 Company Number: 110

Order Total Price: 80.00

Item Number: MHCC-540-LAP  
 Item Description: Patient Rights and Responsibilities - Lapeer  
 Revision Date: 8/2021  
 Print:  
 Paper:  
 Size:  
 Fold:  
 Finish:  
 Drill:  
 Poster: 18x24 cling  
 Misc Info:

### PATIENT RIGHTS AND RESPONSIBILITIES

McLaren Lapeer Region wants you to be a partner in your hospital care. We believe the more you know and the more you participate and talk with your doctors and healthcare team, the more effective and satisfactory your hospital 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 as a patient. If at any time you or your advocate need help understanding or asserting your rights and responsibilities, please talk with your doctor or nurse.

**ASSURING ACCESS TO CARE**  
 You have the right to receive confidential, respectful and medically necessary care and to not be discriminated against for any reason. You have the right to speak privately with anyone you choose. If you do not speak English or you hearing, vision or speech impaired an interpreter, sign or reader will assist you.

**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 the following situations, you must sign or 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.

**REFUSING TREATMENT**  
 You have the right to refuse any treatment or medications, as permitted by law. The staff will help you understand the possible medical consequences of your refusal but we are not responsible for any resulting harm. You have the right to be free from restraint unless it is necessary to protect you or others. Physical restraints will be used only by trained healthcare professionals who will document the reason in your medical record and promptly call your physician. Medication will be used for the reason and only under a physician's order.

**DECIDING YOUR FUTURE**  
 You have the right to have an Advanced Directive, signed by the State of Michigan, which is a written Plan of Advance Health Care Decision Making. This document expresses your wishes and preferences about your future care and names an alternate decision maker who will make healthcare decisions for you if you are unable to make your own decisions.

**UNDERSTANDING BILLING AND PAYMENT**  
 You have the right to a full explanation of your hospital and service information about financial aid for healthcare. We are not entitled to provide confidential and timely information about methods of payment for hospital services or for working with the hospital to arrange payment.

**Michigan Department of Licensing and Regulatory Services**  
 Bureau of Community and Health Systems  
 PO Box 30884  
 Lansing, MI 48916  
 • Call 800-893-8900 (toll free)  
 • Visit [www.lrc.state.mi.us](http://www.lrc.state.mi.us)  
 • Mail to: Office of Quality Monitoring, One Renaissance Boulevard, Chequamegon, MI 49601  
 • Fax to 517-373-8438 or  
 • [www.paccommission.org](http://www.paccommission.org), using the "Report a Patient Safety Event" link in the "Action Center"

Spec Info: Deliver to the front desk