

McLaren Print System Order

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 44200 Garfield ste 164
 clinton, mi 48038

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Item Number: MHCC-540-MAC (MO-419)
 Item Description: Patient Rights and Responsibilities - Macomb
 Revision Date: 3/2020
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PATIENT RIGHTS AND RESPONSIBILITIES

McLaren Macomb 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 to know 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 consistent, 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.

RESPECTING YOUR PRIVACY AND CONFIDENTIALITY
 You have the right to privacy and your healthcare team will discuss tests and treatments in such a way so to protect this right. Your medical records are for your use only and you give permission for their release as in cases of emergency/obvious public health hazards after reporting a potential or existing law. All other uses of your health information are determined by the Rules of Privacy Practices.

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 that you are not responsible for any resulting harm. You have the right to have your refusal written in your medical records to protect your rights. Patient advocates will document the reasons in your medical records and promptly call your physician. Medication will be used for the reason written only under a physician's order.

ENDING YOUR FUTURE
 You have the right to have an Advance Directive signed by the State of Michigan, which is a Patient Power of Attorney for Health Care Decision Making. This document appoints your wishes and choices about your future care and enables an advance healthcare proxy 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 bill and information about financial aid for healthcare. You are responsible for providing accurate and timely information about methods of payment for hospital services or for working with the hospital to arrange payment.

McLaren Macomb Patient Experience Line:
 1-800-850-0000

Michigan Department of Licensing and Community and Health Systems (LCLAHM)
 Mail to:
 Bureau of Community and Health Systems
 PO Box 30864, Lansing, MI 48906
 Call: 800-850-8000 (toll free)
 email: BCLHS.Compliance@michigan.gov

The Joint Commission
 Mail to:
 Office of Quality Monitoring
 One Renaissance Boulevard
 Oakbrook Terrace, IL 60181
 Fax to: 630-792-5038 or
 email: customerexperience@jointcommission.org
 www.jointcommission.org, using the "Report a Patient Safety Event" link in the "Action Center"

Spec Info: