

McLaren Print System Order

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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, 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 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 requires an interpreter, request an interpreter and we 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 may 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 have your refusal written in your medical record. Written consent is needed for any major procedure. Patient advocates will document the reasons in your medical record and promptly call your physician. Medication will be used for the patient unless you indicate a physician's order.

ASSURING YOUR FUTURE
 You have the right to have an Advance Directive signed in 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.

RESOLVING COMPLAINTS
 Each patient has the right to be informed of hospital policies and practices that relate to patient care, treatment and responsibilities. Each patient has the right to be informed of available resources for resolving complaints, conflicts and ethical issues. Patients unable to resolve their concerns have the right to have services by grievance services, if appropriate.

PROTECTING 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 and your payment for the services are in respect of your privacy. Health records often contain a protected or proprietary law. All other uses of your health information are determined by the Rules of Privacy Practices.

PLANNING YOUR CARE
 You have the right to request your doctor to coordinate your care with other members of the hospital 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 request quick response to requests of care.

ENDING YOUR FUTURE
 You have the right to have an Advance Directive signed in 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.

PATIENT SAFETY CONCERNS CAN BE REPORTED THE FOLLOWING WAYS:
 McLaren Macomb Patient Experience Line: 586-653-0200
 Michigan Department of Licensing and Regulatory Affairs (LARA)
 Mail to: Bureau of Consumer and Health Systems, P.O. Box 30664, Lansing, MI 48906
 Call: 800-653-6000 (toll-free)
 Email: BCHA.Complaints@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: