

McLaren Print System Order

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PATIENT RIGHTS AND RESPONSIBILITIES

McLaren Oakland 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 upholding your rights and responsibilities, please talk with your doctor or nurse.

ASSURING ACCESS TO CARE
 You have the right to receive continuous, 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 are hearing, deaf or speech impaired an interpreter, sign or reader will assist you.
 You are responsible for providing full and accurate information about your illness, hospital stay, use of medications and other matters 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. Request an interpreter at the treating location, 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 do not understand 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 medications, as provided by law. Our 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 becomes necessary to protect your safety or that of others. Physical restraints will be applied only to treated healthcare professionals who will document the reason in your medical record and promptly call your physician. Restraints will be used for the least restrictive and under a physician's order.
 You are responsible for the consequences of your decisions if you refuse treatment or do not follow the instructions of your physician or healthcare team.

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 obtain information have the right to have access to protection services, if appropriate.
 You are responsible for telling your healthcare team when you are not satisfied with the care or services provided, until the issues are resolved. 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 tests and treatments in such a way as to protect this right. Your medical records will be confidential unless you give permission for their release in a written or recorded form. Health records when reporting to providers or requested by law. All other uses of your health information are documented in the Notice of Privacy Practices.
 You are responsible for following hospital rules, following instructions in case of emergency, and being accountable if not 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 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 and receive responses to reports of pain.

CHOOSING YOUR FUTURE
 You have the right to have an Advanced Directive, known as the State of Michigan, which is a Written Plan of Nursing for Health Care Decision Making. This document expresses your wishes and choices about your future care and names an advance healthcare agent who will make healthcare decisions for you if you are unable to make your own choices.
 If you have a written Advanced Directive, you should give a copy to your attorney, your family and your physician and bring a copy with you to the hospital. If you do not have a written Advanced Directive, we encourage you to discuss your wishes with your family and physician and complete one.
 You have the right to a full explanation of your hospital bill and to 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.

Patient Safety Concerns Can Be Reported the Following Ways:
 McLaren Oakland Patient Experience Line
 248-338-1008
 Michigan Department of Licensing and
 Regulation (DLIR)
 Bureau of Community and Health Systems
 PO Box 30004, Lansing, MI 48909
 Call 800-487-3433 (toll free)
 email: DLIR@Michigan.gov
 The Joint Commission
 One Office of Quality Monitoring
 One Renaissance Boulevard
 Columbus, Indiana 47201
 Fax to 800-762-8438 or
 email: oqmon@jointcommission.org
 www.jointcommission.org using the "Patient &
 Patient Safety Event" link in the "Notice Center"

Spec Info: