

McLaren Print System Order

Order No: 74388
 Order Date: 2023-01-04
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Ship Location: McLaren Bay Bay Physical Med & Rehab
 3190 Midland Rd
 Bay City, MI 48706

Brochures
 Quantity: 1
 Paragon Dept No: 69780
 Dept Name: McLaren Bay Physical Med & Rehab
 Company Number: 810

Order Total Price: 8.00

Item Number: MHCC-540-MMG (MM-540-A)
 Item Description: Patient Rights and Responsibilities - MMG
 Revision Date: 9/2021
 Print:
 Paper:
 Size:
 Fold:
 Finish:
 Drill:
 Poster: 11x17 laminated
 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 and talk with your doctors and healthcare team, the more effective and satisfactory 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 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 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.

You are responsible for providing full and accurate information about past illnesses, hospital stays, use of medications and other medicines 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 life-threatening situations, 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 medications, 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 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 by trained healthcare professionals who will document the reason for your medical restraint and promptly call your physician. Medications will be used for the same purpose only 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 clinic 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 protect themselves have the right to have someone to protect them, if appropriate.

You are responsible for telling your healthcare team when you are not satisfied with the care or services provided, except for 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 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 or in cases of required abuse or public health hazards when reporting is permitted or required by law. All other uses of your health information are documented 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 request 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 request quick response to requests of care.

You are responsible for reporting any changes in your condition or problems in your treatment including your ability to care for yourself.

DEFINING YOUR FUTURE

You have the right to have an Advanced Directive, legal in the State of Michigan, which is a Durable Power of Attorney for Health-Care Decision Making. This document represents your wishes and choices about your future care, and names an advocate (someone who will make healthcare decisions for you if you are unable to make your wishes known).

If you have a 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 a written Advanced Directive, we encourage you to discuss your wishes with your family and physician and complete one.

UNDERSTANDING BILLS AND PAYMENT

You have the right to a full explanation of your clinic bill and the information about financial aid for healthcare. You are responsible for providing accurate and timely information about methods of payment for clinic services or for working with the clinic to arrange payment.

Spec Info:

Patient Rights and Responsibilities Can Be Requested at:
 McLaren Medical Group
 Patient Experience Department
 P.O. Box 1000
 Michigan Department of Licensing and
 Regulatory Affairs (LARA) Mail to:
 Bureau of Consumer and Public Systems
 PO Box 30484, Lansing, MI 48906
 Call 800-880-8330 (toll free)
 Michigan Department of Licensing and
 Regulatory Affairs
 www.michigan.gov/lara
 In the event that your complaint remains unresolved with our clinic, you may file a complaint with our
 accreditor. This Complaints Team, Inc. is a third resource
 www.thirdcomplains.com
 or via phone 1-800-351-8333



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