

## McLaren Print System Order

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Ship Location: McLaren Sleep Center - MOB LL - Attn: Marilena  
 1000 Harrington Blvd  
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Brochures  
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 Paragon Dept No: 28100  
 Dept Name: Sleep Center  
 Company Number: 260

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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, 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 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 that you are not responsible for any resulting harm. You have the right to have your refusal written in the medical record and to be informed of the consequences of your refusal. Refusal will be noted for the medical record 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 expresses 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 healthcare 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 someone to provide 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 you are responsible for their release or in cases of suspected abuse in public health records after reporting a potential or existing law. All other uses of your health information are described in the Notice 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.

**PATIENT SAFETY CONCERNS CAN BE REPORTED THE FOLLOWING WAYS:**  
 McLaren Macomb Patient Experience Line: 586-493-2555  
 Michigan Department of Licensing and Regulatory Services (LARA)  
 Mail to: Bureau of Consumer and Health Systems, P.O. Box 30664, Lansing, MI 48906  
 Call: 800-482-6000 (toll-free)  
 Email: BCHS-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: