

## McLaren Print System Order

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 809 W Dryden Rd  
 Metamora, MI 48455

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Item Number: MHCC-540-LAP  
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### PATIENT RIGHTS AND RESPONSIBILITIES

McLaren Lapeer Region 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 enforcing your rights and responsibilities, please talk with your doctor or nurse.

**ASSURING ACCESS TO CARE**  
 You have the right to receive care, including hospital and medical services, 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 at our facility, we will provide an interpreter, sign or other staff will assist you.

You are responsible for providing full and accurate information about your illness, hospital stays, use of medications and other matters related to your health.

**UNDERSTANDING YOUR CARE**  
 You have the right to know the names and titles 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 situations where 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 you 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 restraints 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 in your medical record 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 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 official issues. Patients should be informed of the right to have access to protective services if appropriate.

You are responsible for telling your healthcare team when you are not satisfied with the care or services provided, about the choices offered, 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 that right. Your medical records will be confidential unless you give permission. In rare instances or in cases of suspected abuse or public health hazards where 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 hospital rules, following instructions in cases of emergencies, and being considerate of and respecting the privacy and rights of other patients and staff.

**PLANNING YOUR CARE**  
 You have the right to speak 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 quick response to reports of pain.

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

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**DECIDING YOUR FUTURE**  
 You have the right to have an Advanced Decision legal in the State of Michigan, which is a durable Power of Attorney for Health Care Decision Making. This document expresses your wishes and choices about your future care, and names an alternate someone who will make health care decisions for you if you are unable to make your wishes known.

If you have a written Advanced Decision, you should give a copy to your advocate, your family and your physician and bring a copy with you to the hospital. If you do not have a written Advanced Decision, we encourage you to discuss your wishes with your family and physician and complete one.

**UNDERSTANDING BILLING AND PAYMENT**  
 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.

### Spec Info:

**Patient Safety Concerns Can Be Reported the Following Ways:**

- Michigan Department of Licensing and Regulatory Affairs (LARA)
  - Mail to: Health Facilities Complaints, P.O. Box 30884, Lansing, MI 48909
  - Phone: 1-800-662-6006, FAX: 517-763-0219
  - E-mail: [BOHC.Complaints@Michigan.gov](mailto:BOHC.Complaints@Michigan.gov)
- The Joint Commission
  - Mail to: Office of Quality Monitoring, One Transportation Boulevard, Oakbrook Terrace, IL 60181
  - Fax to: 630-792-5434 or
  - [www.jointcommission.org](http://www.jointcommission.org), using the "Report a Patient Safety Event" link in the "Action Center"

