

McLaren Print System Order

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 User: Abby Skender
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Ship Location: **ATTN: McLaren Macomb Senior Behavioral Health Center**
 46810 Schoenherr Rd
 Shelby Township, MI 48315

Brochures
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 Paragon Dept No: 30418
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Item Number: MHCC-540-MAC (MO-419)
 Item Description: Patient Rights and Responsibilities - Macomb
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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 must give 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. You do not have the right to be free from medical orders or treatment necessary to protect your safety or that of others. Patient requests will be handled only by trained healthcare professionals who will document the reason in your medical record and promptly call your physician. Medication will be used for the reason and 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 us to make decisions only when 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 someone in protective 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 personal use and your permission for their release in or out of hospital is required or required by 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: 586-652-0200
 Michigan Department of Licensing and Community Development (LARA)
 Mail to:
 Bureau of Community and Health Systems
 P.O. Box 30864, Lansing, MI 48906
 Call: 800-652-6008 (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: