

independent personal decisions and the right to knowledge of available choices. You may meet with, and participate in the activities of social, religious, and community groups at your discretion, unless medically contraindicated as documented by the attending physician in the medical record.

5. Be informed of any business relationships between physicians, hospital, educational institutions, and other health care providers, or insurance carriers that may affect your medical care.
6. Ask for, receive and examine an explanation of your hospital bill regardless of the source of payment and to receive, upon request, information relating to financial assistance available through the hospital.

VIII. COMPLAINT PROCESS

A. You have the right to file a complaint:

1. Contact the Karmanos Cancer Center Customer Service Department at (313) 576-9286.
2. Contact the Karmanos Cancer Center Compliance Hotline at (888) 478-3555.
3. File a complaint with the State against a licensed or certified health care facility by: Completing and submitting the Bureau of Health Systems Complaint form on the internet <http://www.michigan.gov/bhs>; calling the State's toll-free Complaint Hotline at (800) 882-6006; completing and mailing the State of Michigan complaint form available in our lobby and inpatient units.
4. File a complaint about the quality of health care at this organization with The Joint Commission at complaint@jointcommission.org or fax to (630) 792-5636.

IX. IMPORTANT MESSAGE FROM MEDICARE

A. Your rights as a hospital patient:

1. You have the right to have a family member or representative of your choice and your physician be notified promptly of your admission to the hospital.
2. You have the right to know about any decisions that the hospital, your doctor, your Plan, or anyone else makes about your hospital stay and who will pay for it.
3. Your doctor, your Plan, or the hospital should arrange for services you need after you leave the hospital. Medicare or your Plan may cover some care in your home (home health care) and other kinds of care, if ordered by your doctor or by your Plan. You have a right to know about these services, who will pay for them, and where you can get them. If you have any questions, talk to your doctor, your Plan,

a hospital social worker, or the Karmanos Cancer Center Customer Service Department at (313) 576-9286.

B. Your hospital discharge and Medicare appeal rights:

1. Date of Discharge: When your doctor or Plan determines that you can be discharged from the hospital, you will be advised of your planned date of discharge.
2. You may appeal if you think that you are being asked to leave the hospital too soon.
3. If you stay in the hospital after your planned date of discharge, it is likely that Medicare or your Plan will not cover your charges for additional days in the hospital.

C. Your right to an immediate appeal without financial risk:

1. When you are advised of your planned date of discharge, if you think you are being asked to leave the hospital too soon, you have the right to appeal to your Quality Improvement Organization (also known as QIO).
2. The QIO is authorized by Medicare to provide a second opinion about your readiness to leave.
3. You may call Medicare toll-free, 24 hours a day, at 1-800-MEDICARE (1-800-633-4227), or TTY/TTD: 1-877-486-2048, for more information on asking your QIO for a second opinion.
4. If you appeal to the QIO by noon of the day after you receive a non-coverage notice, you are not responsible for paying for the days you stay in the hospital during the QIO review, even if the QIO disagrees with you.
5. The QIO will decide within one day after it receives the necessary information.
6. Other Appeal Rights: If you miss the deadline for filing an immediate appeal, you may still request a review by the QIO (or by your Plan, if you are a Plan enrollee) before you leave the hospital. However, you will have to pay for the costs of your additional days in the hospital if the QIO (or your Plan) denies your appeal. You may file for this review at the address or telephone number of the QIO (or of your Plan).

QUESTIONS

For questions and further information about patient rights, contact the Customer Service Department at (313) 576-9286.

Copies of this brochure are available in the following languages: Arabic and Spanish.

MISSION

A world free of cancer

VISION

To lead in transformative cancer care, research and education through courage, commitment and compassion

YOUR RIGHTS AND RESPONSIBILITIES AS A PATIENT



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31995 Northwestern Hwy.
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Our health care team is dedicated to providing you with the best medical care and information available concerning treatment you may have at Karmanos Cancer Center (KCC). To best meet that goal, we ask that you actively participate in decisions concerning your health care. We will respect your rights as a patient and we urge you to discuss treatment concerns with your caregivers. Karmanos Cancer Center is affiliated with the Detroit Medical Center (DMC). Under certain circumstances, KCC may obtain services from the DMC. KCC services may be provided in a DMC facility. Karmanos Cancer Center is a teaching facility affiliated with Wayne State University and other institutions. Therefore medical residents or students may be part of your health care team. You are not obligated, however, to have students participate in your care.

I. KNOWLEDGE & PLAN OF CARE

Karmanos Cancer Center doctors and other health care professionals are required to provide medical care that follows sound medical and ethical practices. Caregivers are not required to provide medical treatment that is considered to be outside the standard of care or harmful.

A. You have the right to:

1. Have your pain assessed and managed.
2. Know the identity, qualifications and title of the persons responsible for and involved in your care.
3. Receive information about your illness, treatment choices, medications, chances for recovery, and continuing health needs and alternatives for meeting those needs in terms you can understand. If you are unable to make decisions for yourself, this information will be shared with the person acting on your behalf.
4. Inspect or receive for, a reasonable fee, upon request, a copy of your medical record during or after your hospital stay.
5. Be free from mental and physical abuse and from physical and chemical restraints, except those restraints authorized in writing by a physician for a specified and limited time or as are necessitated by an emergency to protect you or others from injury.
6. Receive information regarding an experimental procedure proposed as a part of your care. You may refuse to participate in the experimental procedure without jeopardizing your continuing care.
7. Request policies, procedures and other information about the relationship between the provision of care, treatment and services and financial incentives. This information is available to all patients and individuals who work at the Karmanos Cancer Center, including staff and licensed independent practitioners.

B. You have the responsibility to:

1. Help the doctors and other health care professionals by sharing your complete medical history. This includes past illnesses and hospitalizations, medications, and other health-related issues. Ask your doctor about anything you do not understand.

II. CONSENT

A. You have the right to:

1. Take part in decisions about your care. Before agreeing to any treatment, your doctor will tell you about your plan of care in terms you can understand.
2. Refuse further treatment to the extent allowed by law and to be informed of the consequences of that refusal. If you make this decision, it is important that you understand the risks and how it can affect your health. If you refuse care, you will become responsible for your future health outcomes. When a refusal prevents the hospital from providing appropriate care according to ethical and professional standards, the relationship with the patient may be terminated upon reasonable notice.

III. DIGNITY AND RESPECT

A. You have the right to:

1. Be treated the same as others and not be denied appropriate care based on your race, creed, color, national origin, age, religion, sexual orientation, marital status, handicap, sex, or source of payment.
2. See visitors and others, or refuse to see visitors and others.
3. Reasonable security and privacy, to the extent feasible, in treatment and in caring for your personal needs with consideration, respect, and full recognition of your dignity and individuality.
4. Be free from performing services for the hospital that are not included for therapeutic purposes in your plan of care.

A. You have the responsibility to:

1. Respect the dignity and right to privacy of other patients and your health care team. This responsibility also includes your family and visitors.
2. Move to another room when necessary, either to aid in your recovery or that of another patient.
3. Follow hospital rules and regulations, which also include family and visitors.
4. Share information about your health insurance and ability to meet financial obligations, including costs that your insurance may not cover.

IV. CONFIDENTIALITY

A. You have the right to:

1. Expect that all aspects of your care will be treated confidentially, including your medical record. Medical records are not released without a patient's authorization unless it's for treatment, payment of a claim, or internal health care operations, or as required by law.
2. A confidential admission to the Karmanos Cancer Center. Should you wish your admission information to remain private (your name, location in the facility, and general health status), please let us know.

V. ADVANCE DIRECTIVE

A. You have the right to receive information about an Advance Directive in accordance with state and federal law.

B. What is an Advance Directive?

1. Advance directives are documents used to give other people, including your doctor and other health care providers, information about your wishes for medical care in case you are ever unable to speak for yourself and make your wishes known. Three types of advance directives are the durable power of attorney for health care, the Five Wishes document and living wills. You are not required to have an Advance Directive, nor can your family or insurance company force you to have one.

C. What is a Durable Power of Attorney for Health Care?

1. In Michigan, a Durable Power of Attorney appoints another adult to act as your personal representative. This person is known as your "patient advocate". If you are unable to communicate with your health care team, a Durable Power of Attorney will allow your personal representative to make the following types of decisions on your behalf:
 - a. To have access and control of your medical information;
 - b. To arrange for and pay for your medical and nursing care;
 - c. To give informed consent or an informed refusal on your behalf with respect to any medical care, diagnostic, surgical or therapeutic procedure; or other treatment of any type or nature, including life-sustaining treatments such as artificial nutrition and hydration;
 - d. To execute waivers, medical authorizations and such other approval as may be required to permit or authorize care that you may need, or to discontinue care that you are receiving;

- e. To make decisions that could or would allow your death.
- f. Your advocate will be guided in making his/her decisions based upon your wishes as you've made known to him/her, and you may specifically record those wishes on the Durable Power of Attorney.

D. You may obtain further information by:

1. Reading the Karmanos Cancer Center's patient information booklet.
2. Request an Advance Directive from our Social Work Department at (313) 576-9700.
3. Contacting your hospital social worker, nurse manager, chaplain or your community library.

VI. CONTINUED COURSE OF CARE

A. You have the right to:

1. Be involved in your discharge planning, if appropriate, and to take part in discharge plans regarding your needs after you leave the hospital.
2. Be guided as to what to do and what to expect when you leave the hospital.

B. You have the responsibility to:

1. Make arrangements to leave the hospital as soon as possible after you are discharged.

VII. GENERAL INFORMATION

A. You have the right to:

1. Ask for protective services assistance before you are discharged.
2. Exercise your rights as a patient and as a citizen. To this end, you may, free from restraint, interference, coercion, discrimination, or reprisal, present grievances or recommend changes in policies and services on behalf of yourself or others to the hospital staff, to government officials, or to another person of your choice within or outside the hospital. You are entitled to information about the hospital's policies and procedures for initiation, review and resolution of patient complaints. If the complaint is not resolved, contact our Customer Service Department at (313) 576-9286.
3. Be informed of hospital policies, rules and regulations affecting your care and conduct as a patient during your hospital stay.
4. Associate and have private communications and consultations with your doctor, attorney, or any other person of your choice and to send and receive personal mail unopened on the same day it is received at the hospital, unless medically contraindicated as documented by the attending physician in the medical record. The hospital shall encourage and assist to the fullest possible extent, your civil and religious liberties, including the right to