

## McLaren Print System Order

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### PATIENT RIGHTS AND RESPONSIBILITIES

McLaren Oakland 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 updating your rights and responsibilities, please talk with your doctor or nurse.

**ASSURING ACCESS TO CARE**  
 You have the right to receive care, treatment, and services, including but not limited to, emergency 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 are hearing, deaf, or speech impaired, an interpreter, sign or reader will assist you.  
 You are responsible for providing full and accurate information about your illness, hospital stay, and if medications and other orders 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. Request an interpretation if the translating situation 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 after you do not understand or do not understand what 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 to limited healthcare professionals who will document the reason in your medical record and promptly call your physician. Restraints will be used for the least restrictive and 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 other issues. Patients unable to obtain information have the right to have access to professional services, if appropriate.  
 You are responsible for telling your healthcare team after you are not satisfied with the care or services provided, until the issues are resolved. 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 in a written or recorded form. Health records when reporting to providers or insurers, but 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 case of emergency, and being responsible if you are responsible for injury and safety of other patients and staff.

**PLANNING YOUR CARE**  
 You have the right to expect your doctor to coordinate your care with the help of the hospital staff and other professionals 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 and receive information in your language.

**SHARING YOUR FUTURE**  
 You have the right to have an Advanced Directive, which is the State of Michigan, which is a written plan of care for your future care. This document expresses your wishes and choices about your future care and names an advance healthcare agent who will make healthcare decisions for you if you are unable to make your own decisions.  
 If you have a written Advanced Directive, you should give a copy to your attorney, your family and your physician and bring a copy with you to the hospital. 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 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.

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

McLaren Oakland Patient Experience Line  
 248-338-3038

Michigan Department of Licensing and Regulatory Affairs (LARA)  
 Bureau of Community and Health Systems  
 PO Box 30004, Lansing, MI 48909  
 Call 800-487-3333 (toll free)  
 email: MCHS-Complaints@lra.state.mi.us

The Joint Commission  
 One Riverchase Boulevard  
 Columbus, Indiana 47201  
 Fax to 800-762-8428 or  
 email: report@jointcommission.org  
 www.jointcommission.org using the "Patient & Family Safety Event" link in the "About Us" section.



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