

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 comprehensive, 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 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, use of medications and other matters 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 interpreter at the treating location; 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 do not understand 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 provided 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 treated healthcare professionals who will document the reason in your medical record and promptly call your physician. Medications will be used for the same reason 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 ethical issues. Patients unable to provide information have the right to have access to professional services, if appropriate.

You are responsible for telling your healthcare team when you are not satisfied with the care or services provided, when the doctor or staff seems 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 way of your choice. Where possible, healthcare information is protected or encrypted 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 case of emergency, and being responsible if and reporting the actions and signs 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 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 and receive information in your language.

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

SHARING YOUR FUTURE
 You have the right to have an Advanced Directive, legal in the State of Michigan, which is a Written Plan of Nursing for Health Care Decision Making. This document expresses your wishes and choices about your future care and names an advance healthcare care agent to make healthcare decisions for you if you are unable to make your wishes known.

If you have a written Advanced Directive, 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 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.

Spec Info:

Patient Safety Concerns Can Be Reported the Following Ways:

McLaren Oakland Patient Experience Line
 248-338-3038

Michigan Department of Licensing and
 Regulation Services (LARA)
 Bureau of Community and Health Systems
 PO Box 30004, Lansing, MI 48909
 Call 800-487-3333 (toll free)
 email: MCHS-Community@licensing.lara.gov

The Joint Commission
 One Office of Quality Monitoring
 One Renaissance Boulevard
 Oakbrook Terrace, IL 60181
 Fax to 800-762-1333 or
 email: oqum@jointcommission.org
 www.jointcommission.org using the "Patient &
 Patient Safety Event" link in the "About Us" section.



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