

McLaren Print System Order

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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 but not limited to, 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 at an hearing, you have the right to request an interpreter, sign or other staff member.

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.

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 emergency or life-threatening situations, 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.

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. In rare instances or in cases of suspected abuse or public health hazards where reporting is permitted or required by law, all other parts of your health information are documented in the Notice of Privacy Practices.

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 by trained healthcare professionals who will document the reason in your medical record and promptly call your physician. Restraints will be used for the same purpose only under a physician's order.

PLANNING YOUR CARE
 You have the right to request 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.

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.

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
- 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, using the "Report a Patient Safety Event" link in the "Action Center"