

McLaren Print System Order

Order No: 78786
 Order Date: 2023-08-11
 User: Casey Coleman
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Ship Location: **MACOMB WOMENS HEALTH**
 37400 GARFIELD RD SUITE 200
 CLINTON TOWNSHIP, MI 48036

Brochures
 Quantity: 1
 Paragon Dept No: 72100
 Dept Name: WHA CLINTON
 Company Number: 810

Order Total Price: 40.00

Item Number: MHCC-540-MAC (MO-419)
 Item Description: Patient Rights and Responsibilities - Macomb
 Revision Date: 3/2020
 Print:
 Paper:
 Size:
 Fold:
 Finish:
 Drill:
 Poster: 18x24 cling
 Misc Info:

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 report privacy or safety concerns. If you do not speak English or see/hearing, vision or speech impaired an interpreter, sign or reader 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 sign 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 autonomy will be limited only by trained healthcare professionals who will document the reason in your medical record and promptly call your physician. Resuscitation 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 appoints your surrogate and discusses your future care and wishes on advance treatment. Only well make healthcare decisions for you if you are unable to make your own healthcare 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 to provide 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 payment for the services are in respect of responsibility to public health. Health care information is protected or restricted by all other laws of your health information are determined by the Rules of Privacy Practices.

PLANNING YOUR CARE
 You have the right to report any changes in your condition or problems in your treatment including your ability to care for yourself.

PATIENT SAFETY CONCERNS CAN BE REPORTED THE FOLLOWING WAYS:
 McLaren Macomb Patient Experience Line: 586-653-0200
 Michigan Department of Licensing and Regulatory Services (LARA)
 Mail to:
 Bureau of Community and Health Systems
 PO Box 30864, Lansing, MI 48906
 Call: 800-653-6000 (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: