

McLaren Print System Order

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 User: Ryan Liddy
 Phone: 586-493-2427

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Item Number: MHCC-540-MAC (MO-419)
 Item Description: Patient Rights and Responsibilities - Macomb
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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 speak privately with anyone you choose. If you do not speak English or you hearing, vision or speech requires an interpreter, request an interpreter and we will assist you.

UNDERSTANDING YOUR CARE
 You have the right to know the names of all providers who care 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 may 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 are not responsible for any resulting fees. You have the right to have your refusal written in your medical record. Written consent is required only if there is a financial incentive for the provider to perform the procedure. Refusal will be noted for the patient and only under a physician's order.

ASSURING ACCESS TO CARE
 You are responsible for providing full and accurate information about your history, hospital stays, use of medications and other matters related to your health.

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 feedback have the right to have someone to provide feedback.

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 your permission for their release is in cases of emergency/abuse or public health threats after reporting is permitted or required by law. All other uses of your health information are described in the Notice of Privacy Practices.

PLANNING YOUR CARE
 You have the right to request your doctor to coordinate your care with other members 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 requests of care.

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 expresses your wishes and choices about your future care and enables an advance healthcare proxy who will make healthcare decisions for you if you are unable to make your 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.

Spec Info:

Patient Safety Concerns Can Be Reported the Following Ways:
 McLaren Macomb Patient Experience Line: 586-653-0200

Michigan Department of Licensing and Community and Health Systems (LCLAHM)
 Mail to:
 Bureau of Community and Health Systems
 PO Box 30864, Lansing, MI 48906
 Call: 800-653-6000 (toll free)
 email: BCHHS.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"