

# HOME INFUSION

PATIENT HANDBOOK



HOME INFUSION

1515 Cal Drive, Davison, MI 48423

Phone: (800) 774-6999

[mclaren.org/homeinfusion](https://mclaren.org/homeinfusion)



HOME INFUSION

choose to revoke my consent for receiving autodialed or prerecorded message calls or texts by contacting a McLaren customer representative to inform them of my preferences using the following toll-free number: (866) 323-5974 or email address: MessageOptOut@mclaren.org.

**Consent to film or record:** I hereby consent for the agency to record or film my care, treatment, and services and allow the agency to use the photographs/ recordings for their internal use, for documenting my medical condition, or for insurance providers to document my condition for payment purposes.

**Authorization to obtain medication records for care coordination:** I understand that it is important for my care providers to know what medications I am currently taking, in order for them to prescribe and provide the appropriate treatment for me. I therefore give permission for McLaren to obtain and review records from any pharmacy (or pharmacies) which I currently obtain medication(s) from.

**Patient handbook:** I have received information concerning patient rights, deliveries, and storage of supplies/medication, emergency preparedness plan, home safety, waste disposal, infection control, privacy notice and complaint process.

I have read and fully understand the above statements as explained to me by a McLaren Home Infusion representative and hereby agree to and authorize the foregoing provisions.

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SIGNED (PATIENT OR AUTHORIZED GUARDIAN)

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DATE

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SIGNED (McLAREN HOME INFUSION REPRESENTATIVE)

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DATE