McLaren Business Products

McLaren Print System Order

Order No: 85712
Order Date: 2024-05-23
Order Request Date:
User: KIMBERLE WISNIEWSKI
Phone: 586-412-5122

Ship Location: WOMANS HEALTH HARPER
36561 HARPER AVE
CLINTON TOWNSHIP, MI 48036
Brochures
Quantity: 1
Paragon Dept No: 56506
Dept Name: WOMANS HEALTH HARPER
Company Number:

Order Total Price: 33.00

Item Number: MHCC-540-MMG (MM-540-NON)
Item Description: Patient Rights and Responsibilities - MMG NON
Revision Date: 03/2023
Print:
Paper:
Size:
Fold:
Finish:
Drill:
Poster: 18x24 lamiated
Misc Info:

PATIENT RIGHTS AND RESPONSIBILITIES

McLaren wants you to be a partner in your clinic 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 clinic 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 upholding your rights and responsibilities, please talk with your doctor or nurse.

ASSURING ACCESS TO CARE

You have the right to receive considerate, 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, vision or speech impaired, an interpreter, signer or reader will assist you.

You are responsible for providing full and accurate information about your illnesses, hospital stays, 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 outcome. We encourage you to talk with your physician and healthcare team about procedures and treatments and their risks and benefits. Except in emergencies 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.

You are responsible for asking questions when you do not understand or are not satisfied 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 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. Medications will be used for the same purpose 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.

Patient Safety Concerns Can Be Reported the Following Ways:

McLaren Medical Group
Patient Experience Department
810-342-1003

Michigan Department of Licensing and Regulatory Affairs (LARA) Visit to:
Bureau of Community and Health Systems
Health Facilities Complaints
[illegible] Lansing, MI 48909
Phone: 1-800-882-6006 (toll free) FAX: 517-763-0219
E-mail: BCHS-Complaints@michigan.gov
customerservice@allhealthwatch.org

RESOLVING COMPLAINTS

Each patient has the right to be informed of clinic 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 protect their rights have the right to have access to protective services, if appropriate.
You are responsible for telling your healthcare team when you are not satisfied with the care or services provided, would like to discuss ethical issues 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 or in cases of suspected abuse or public health hazards when reporting is prohibited or required by law. All other uses of your health information are documented in the Notice of Privacy Practices.

You are responsible for following clinic rules, following instructions in case of emergency and being considerate of and respecting the privacy and rights 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 clinic 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 expect quick response to reports of pain.

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

DECIDING YOUR FUTURE

You have the right to have an Advanced Directive, 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 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 clinic. 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 clinic bill and to information about financial aid for healthcare. You are responsible for providing accurate and timely information about methods of payment for clinic services or for working with the clinic to arrange payment.

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Spec Info: