

McLaren Print System Order

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 Order Request Date:
 User: Jamie Pearson
 Phone: 231-487-3190

Ship Location: McLaren Northern Michigan Hematology Suite 185 Oncology/ATTN Jamie Pearson
 560 W Mitchell St Suite 185
 Petoskey, MICHIGAN 49781

Brochures
 Quantity: 1
 Paragon Dept No: 10026
 Dept Name: Hematology Oncology
 Company Number:

Order Total Price: 5.50

Item Number: MHCC-540-MMG (MM-540-RHC)
 Item Description: Patient Rights and Responsibilities - MMG RHC
 Revision Date: 10/2024
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 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 satisfying 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 updating 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 are hearing, vision or speech impaired, or interpret, sign or reader will assist you. You are responsible for providing full and accurate information about your symptoms, 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 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 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.

REPORT SAFETY CONCERNS
 WE SUPPORT THE PATIENTS' VOICES
 McLaren Medical Group
 Patient Experience Department
 800-343-0085
 Michigan Department of Licensing and Regulatory Affairs, Health and Human Services
 Health Facilities Complaints
 P.O. Box 30000, Lansing, MI 48916
 Phone: 1-800-800-8000, Ext. 7442 | FAX: 517-375-3298
 E-mail: RCHS-Complaints@michigan.gov
 michiganmedicalgroup.com/mi

In the event that your complaint remains unresolved with our clinic, please file a complaint with our regulator. The Commission has the authority to investigate and resolve your complaint. For more information, visit www.michiganmedicalgroup.org or call phone 1-800-281-0383.

Spec Info: