



### We Consider you a partner in your care

It is important for you to be well informed, to participate in treatment decisions, and to communicate openly with your doctor and the other healthcare professionals involved in your care. We respect you as an individual. We recognize your rights as a patient, as well as your responsibilities, and we list them here for your convenience. These Rights and Responsibilities extend to all patients, to children through their parents, guardians, or other authorized surrogate decision-maker; and to any other patient who is incapacitated or otherwise unable to exercise his or her rights through the person who is the rightful decision-maker for that patient.

## You have responsibilities as a patient:

1. You are responsible for following the hospital or clinic rules and regulations affecting patient care and conduct.
2. You are responsible for providing a complete and accurate medical history.
3. You are responsible for making it known whether you clearly comprehend the contemplated course of action and the things you are expected to do.
4. You are responsible for following the recommendations and advice prescribed in a course of treatment by your physician, and for informing your physician if you are unwilling to follow through with the recommended treatment.
5. You are responsible for providing information about unexpected complications that arise during an expected course of treatment. This means you are responsible for informing your physician if you are experiencing complications or other unexpected effects.
6. You are responsible for providing your advance directive, if you have one, to your physician, the hospital or clinic at the time you seek care. You should also provide a copy of it to your family.
7. You are responsible for being considerate of the rights of other patients and of health facility personnel and property.
8. You are responsible for providing the hospital or clinic with accurate and timely information concerning your sources of payment and your ability to meet financial obligations.
9. You should anticipate asking questions about pain management and discussing pain relief options with your doctor and nurse, and working with them to develop a pain management plan that is effective for you.
10. Your health depends not just on your care, but also on the decisions you make in daily life. You are responsible for recognizing the effect of lifestyle choices on your personal health.

If you have any issues with the care or services you are receiving, contact the patient representative for McLaren Port Huron or McLaren Port Huron's Community Health Centers and Clinics at the numbers listed below to discuss your issues. We strive to meet your individual needs, whether physical, psychological, social, spiritual or cultural.

**McLaren Port Huron - (810) 989-3565**

**Community Health Centers and Clinics - (810) 985-2640**



PORT HURON

1221 Pine Grove Avenue, Port Huron, MI 48061

(810) 989-9500

[mclaren.org/porthuron](http://mclaren.org/porthuron)

## Your Rights & Responsibilities as a Patient

*Your Partner in Care*



PORT HURON

# While you are a patient in the hospital or clinic, your rights include:

1. You have the right to considerate and respectful care. You will not be discriminated against on the basis of your race, religion, color, national origin, sex, age, height, weight, disability, marital status, financial status, sexual orientation, gender identity or expression, or source of payment.
2. You have the right to free interpreter services if you do not speak or understand English or are hearing impaired. You also have the right to have your medical information given to you in your preferred language.
3. You have the right to have your physician and a family member or representative of your choice promptly notified of your admission to the hospital. You also have the right to have a person of your choice be with you during your hospitalization to provide emotional support, unless their presence infringes on other's rights, compromises safety, and/or is medically or therapeutically contraindicated. The person you choose does not have to be your surrogate decision maker or legally authorized representative.
4. You have the right to expect staff to be concerned about your report of pain and to respond promptly to it. You can expect to receive information about pain and pain relief.
5. You have the right to receive adequate and appropriate care, and to receive, from the appropriate individual within the facility, information about your medical condition, proposed course of treatment, and prospect for recovery, in terms you can understand and in your preferred language, unless medically contraindicated by your physician as documented in your medical records.
6. You have the right to refuse treatment to the extent permitted by law, and to be informed of the consequences of that refusal.
7. You have the right to have an Advance Directive, such as a Durable Power of Attorney for Health Care, a Living Will, or another similar document. These documents are intended to express your wishes regarding future medical care if you should become unable to express those wishes yourself. The document may also identify the person you would like to speak for you under those circumstances.
8. You are entitled to privacy, to the extent feasible, in treatment and in caring for your personal needs with consideration, respect, and full recognition of your dignity and individuality. You are entitled to confidential treatment of your personal medical records, as permitted under the Health Insurance Portability And Accountability Act of 1996, Public Law 104-191, or regulations promulgated under the act, 45 CFR parts 160 and 164.
9. You have the right to inspect, or receive for a reasonable fee, a copy of your medical records upon request. A third party will not be given a copy of your medical record without your prior authorization.
10. You are entitled to know who is responsible for and who is providing your direct care. You are entitled to receive information concerning your continued health needs and alternatives for meeting those needs, and to be involved in your discharge planning, if that is appropriate. If transfer to another hospital or clinic is recommended or requested, you will be informed of the risks, benefits, and alternatives, and you will not be transferred unless the other provider agrees to accept you.
11. You have a right to know if your provider has relationships with outside parties that may affect decisions about your treatment or where that treatment takes place.
12. You have the right to information concerning experimental procedures that may be proposed as a part of your care. You have the right to refuse to participate in the experiment without jeopardizing your continuing care.
13. You have a right to exercise your rights as a patient and as a citizen, and may present grievances or recommend changes in policies and services on behalf of yourself or others to the hospital or clinic staff, to government officials, or to another person of your choice within or outside the facility, and to be free from restraint, interference, coercion, discrimination or reprisal. You are entitled to information about resources, such as patient representatives or ethics committees, which are available to help you resolve problems or answer questions about your situation or your care.
14. You have the right to associate with and have private communications and consultations with your physician, attorney, or any other person you choose, and to send and receive personal mail, unopened on the same day it is received at the hospital or clinic, unless medically contraindicated as documented by your physician in your medical record. Your civil and religious liberties, including the right to independent personal decisions and the right to knowledge about available choices, will not be infringed upon. You have the right to meet with and participate in the activities of social, religious, and community groups at your discretion, unless medically contraindicated as documented by your physician in your medical record.
15. You are entitled to be free from mental and physical abuse and from physical and chemical restraints, except those restraints authorized in writing by your physician for a specified and limited time, or those that are necessitated by an emergency to protect you or another patient from injury to yourself or others, in which case the restraint may only be applied by a qualified professional who will document the circumstances requiring use of the restraint and who will promptly report implementation of the restraint to your physician. In the case of a chemical restraint, your physician will be consulted within 24 hours after it is initiated.
16. You have the right to be free from performing services for the hospital or clinic that are not included for therapeutic purposes in your plan of care.
17. You have the right to information about hospital rules and regulations affecting patient care and conduct.
18. You are entitled to receive and examine an explanation of your bill regardless of the source of payment and to receive, upon request, information relating to financial assistance available through the hospital.
19. You have the right to file a complaint or grievance through the following individuals or entities: Patient Representative Office at (810) 989-3565; Michigan Peer Review Organization at (800) 365-5899; Michigan Department of Community Health Bureau of Health Systems Division of Licensing & Certification at P.O. Box 30664, Lansing, MI 48909, or (800) 882-6006; Joint Commission at (800) 994-6610 or [www.jointcommission.org/report\\_a\\_complaint.aspx](http://www.jointcommission.org/report_a_complaint.aspx). The voicing of a complaint or grievance by a patient or family member will never compromise your current or future access to quality care at the hospital or clinic.