

## Complaints or Concerns

You have the right to express any complaints or concerns you may have regarding the quality of the care or services you received at the hospital, physician office/clinic, or if you feel your discharge date is premature, with the assurance that doing so will not affect your care. We strive to exceed our patient's expectations and therefore want to know if you are unhappy with any services you receive. If you would like to talk with someone about a concern or problem you have, please feel free to ask to speak to the Director of the Department that you have a concern with or call 810-648-6146 or 810-648-6196.

You may also contact The Department of Community Health, Bureau of Health Systems Complaint Intake if you are not satisfied with the action of the hospital at: P.O. Box 30664, Lansing, MI 48909, #800-882-6006. This can be done without lodging a formal complaint with the hospital. Medicare beneficiaries may also contact the KEPRO at 855-408-8557 if you wish to file a complaint regarding quality of care, disagree with a coverage decision, or would like to appeal a premature discharge.

## Bill for Services

You have the right to examine and receive an explanation of your bill regardless of your source of payment.

**All hospital personnel, Medical Staff members, and contracted agency personnel performing patient care activities shall observe these patient rights.**

## Patient Responsibilities

### Patient Responsibilities

To help us meet your needs, it is important that you assume certain responsibilities that will enable the hospital and the clinic to provide you with quality care. It is our request that you, as a patient, assume the following responsibilities:

You are responsible for making it known whether you clearly understand the course of your treatment and what is expected of you.

You are encouraged to take responsibility for requesting additional information or clarification about your health status or treatment when you do not fully understand information or instructions.

You are responsible for ensuring that the hospital and clinic has a copy of your written advance directive, if you have one.

You are responsible for informing your physician and other caregivers of your medical history, unexpected complications that arise in an expected course of treatment, & if you anticipate problems in following your prescribed treatment plan and keeping your appointments.

You and your family/visitors are responsible for being considerate of the rights of other patients, clinic and hospital personnel and clinic and hospital property.

You are responsible for providing necessary information for insurance claims and for working with the hospital and clinic to make payment arrangements, when necessary.

A person's health depends on much more than health care service. You are responsible for recognizing the impact of your lifestyle on your personal health and for your actions should you refuse treatment or decide not to follow your physician's orders.

If you have questions or problems, please let us know. If you would like an additional explanation of the "Patient Rights" and "Patient Responsibilities" as they pertain to you, do not hesitate to ask a staff member.



*Experience Our Difference*

## ***Patient's Bill of Rights and Responsibilities***

### ***Patient Rights***

McKenzie Health System and its offsite clinics are committed to delivering quality healthcare to you, our patient, and to making your visit and health care experience as pleasant as possible. It is our belief that you or your designee has the right to be informed of your patient rights. These rights include the following:

## **Equal Treatment**

You have the right to impartial access to treatment regardless of race, color, gender identity, national origin, sex, age, handicap, marital status, sexual preference or source of payment for your care. McKenzie Health System does not discriminate in the provision of emergency services to a patient because the individual is unable to pay, or because payment for any services would be made under Medicare, Medicaid, or the Children's Health Insurance Program (CHIP). You are entitled to respectful care at all times, regardless of circumstances.

## **Respect and Freedom**

You have the right to be treated with respect, consideration and dignity in a safe environment, free from all forms of abuse or harassment and to remain free from seclusion or restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.

## **Care Givers**

You have the right to know the identity of physicians, nurses and other healthcare professionals involved in your care, as well as when those involved are students or other trainees.

## **Visitation**

You have the right to consent to visitors, receive visitors, and deny consent to visitors to the extent that having visitors does not interfere with your care or the care of other patients. If you are unable to consent to visitors, your designated support person may do so on your behalf.

## **Notifications**

You have the right to have family members or a representative of your choice notified of your admission, at your request and to have your personal physician notified of your admission to the hospital.

## **Request Services**

You have the right to expect that within its capacity and policies, the hospital and clinic will provide reasonable responses to reasonable requests you make for appropriate and medically indicated care and services.

## **Decision Making /Plan of Care**

You or your designee, have the right to receive as much information about your illness, the course of treatment, and information about any proposed procedure as you may need in order to give informed consent for treatment or to refuse the course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in this treatment, alternate course of treatment or non-treatment and the risks involved in each, in terms you can understand. You have the right to participate in the development and implementation of your plan of care, and to actively participate in decisions regarding your medical care, including transfer to another facility. You have the right to know the name of the person and their relationship to the hospital, who will carry out the course of treatment or procedure you have the right to leave the hospital even against the advice of your physician. You have the right to have your pain managed as effectively as possible.

## **Confidential Information**

You have the right of confidential treatment. The information you share with your physician and with us is confidential. This information will be disclosed only with your consent, or as permissible under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and as required by law. Further information is available in the McKenzie Health System of Privacy Practices booklet.

## **Review Record**

You have the right to review records pertaining to your medical care, in the presence of a staff member, and to have the information explained or interpreted as necessary, except when restricted by law.

## **Discharge Plan**

You have the right to be informed by your physician, or designee of your physician, of the continuing health care requirements following your discharge from the hospital. You have the right to ask for a discharge reevaluation at anytime during your hospital stay.

## **Advance Directive**

You have the right to have an advance directive (such as a living will, health care proxy or durable power of attorney for health care) concerning treatment or designating a surrogate decision maker, with the expectation that the hospital, clinic and your physician will honor the intent of that directive to the extent permitted by law. According to policy, McKenzie Health System reserves the right not to implement and Advance Directive on the basis of conscience. This includes treatment limitations that would result in death unless there is clear and convincing evidence that such decisions are consistent with the patient's desires and are made by an authorized patient advocate. This also includes treatment limitation requests for a pregnant patient that could result in death. All patient rights apply to the person who you designate to make decisions regarding medical care on your behalf.

## **Experimental Treatment**

You have the right to consent to or decline to participate in proposed research studies or experimental treatment affecting care or requiring direct patient involvement, and to have those studies fully explained prior to consent. If you decline to participate in research or experimentation you will continue to be entitled to the most effective care that the hospital can otherwise provide.

## **Privacy**

You have the right to privacy. Case discussions, consultations, examinations and treatments are confidential and will be conducted discreetly. Please consider your privacy before sharing medical or personal information with anyone including family, friends, visitors and others. You have the right to be advised as to the reason for the presence of any individual.