



## A Commitment to Patient Rights

### For more information

We want you to play an active role in your health care. If you have any questions or concerns about your Rights or Responsibilities as a patient, please contact us at 616.252.7563.

### Para más información

Queremos que usted tome parte activa en el cuidado de su salud. Si usted tiene alguna pregunta o preocupación acerca de sus derechos y responsabilidades como paciente, por favor comuníquese con nosotros al 616.252.7563.

### Để biết thêm chi tiết

Chúng tôi muốn quý vị có vai trò quan trọng về sự chăm sóc sức khỏe của quý vị. Nếu quý vị có câu hỏi hoặc thắc mắc về Quyền và Trách Nhiệm của mình, xin liên lạc cho chúng tôi ở số điện thoại 616.252.7563.

### Za dodatne informacije

Želimo da ste aktivno uključeni u Vaše liječenje. Ako imate ikakvih pitanja ili dvojbi oko Vaših prava ili dužnosti kao pacijenta, molimo Vas kontaktirajte nas na 616. 252.7563.

### لمزيد من المعلومات

إننا نريد منك أن تلعب دورًا نشطًا في برنامج الرعاية الصحية الخاص بك. إذا كانت لديك أي أسئلة أو مخاوف بشأن حقوقك أو مسؤولياتك كمريض، فالرجاء الاتصال بنا على الرقم 616.252.7563

### Patient Rights Provide for:

- A. Impartial access to care regardless of race, ethnicity, religion, sex, sexual orientation, gender, gender identity, age or disability;
- B. Exercise of your rights while receiving care or treatment in the hospital without pressure, discrimination or retaliation;
- C. Having a surrogate (parent, legal guardian, person with medical power of attorney) exercise your rights when you are incapable of doing so, without pressure, discrimination or retaliation.
- D. The process to inform you, or your representative (as allowed under state law) of your rights before providing patient care whenever possible.

### You have:

- A. The right to participate in the planning and delivery of your care and treatment;
- B. The right to have information about your condition in terms you can understand. This includes information about your diagnosis, health status and prospect for recovery (prognosis). We want you to participate in decisions about your care. You also have the right to request or refuse treatment. This means that you make decisions about your care. It does not mean that you can demand treatment or services that are not appropriate or necessary.
- C. The right to create an advance medical directive for your care and expect hospital staff and your doctor(s) to follow your wishes.
- D. The right to have a family member or other person of your choice and your doctor told about your admission to the hospital;
- E. The right to personal privacy;
- F. The right to receive care in safe setting;
- G. The right to be free from all forms of abuse or harassment;
- H. The right to the confidentiality of your medical records;
- I. The right to receive information contained in your medical records within a reasonable time frame;
- J. The right to be free from physical or chemical restraint or seclusion, unless needed for your own safety;
- K. The right to be told of and consent or refuse to participate in any unusual, experimental or research project. Your consent or refusal will not change your access to care;
- L. The right to know the professional status of any person providing care or services;
- M. The right to know the reason for any planned change in the Professional Staff providing care;
- N. The right to know the reasons for being moved to another room in the hospital or to another facility;
- O. The right to be told about any business relationship between University of Michigan Health-West and other health care providers caring for you;
- P. The right to know the cost, itemized when possible, of services given within a reasonable period of time;
- Q. The right to know who will pay the hospital, and any limitations placed on care by your insurance company;
- R. The right to have pain treated as effectively as possible;
- S. The right to be informed of your visitation rights. University of Michigan Health-West will:
  - 1. Inform you (or your support person) of your visitation rights;

- Restrictions on visiting happen only when necessary. Examples of reasons for such limitations include, but are not limited to:
  - a) Any court order limiting contact;
  - b) Behavior that is a direct risk or threat to the patient, hospital staff, or others in the immediate area;
  - c) Behavior disruptive of the functioning of the patient care unit;
  - d) Reasonable limits on the number of visitors at any one time;
  - e) You may get an infection from the visitor;
  - f) Visitors may get an infection from you;
  - g) Your need for privacy or rest.
- 2. Inform you (or your support person) of the right to have the visitors you choose, such as a spouse, a domestic partner (including a same sex domestic partner), another family member or a friend, and your right to stop or deny visitors at any time.
- 3. Not restrict, limit or deny visitors on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability;
- 4. Make sure all visitors enjoy full and equal visiting, based on your request.

Additionally: Your family has the right of informed consent of donation of organs and tissues.

## Complaint Resolution

We want to hear from you. You may share a concern about your care without fear of discrimination or retaliation. You can expect the timely review and resolution of your complaint. If you feel your rights have been violated or have any concerns about your care, please let us know. We will work with you to resolve them. Your nurse is the most immediate person who can address your concerns. You may also ask to speak with the Manager of the department. For more assistance, call the hospital operator at 616.252.7200 or our Patient Relations Coordinator at 616.252.7563.

You may also submit a written complaint at [UofMHealthWest.org](http://UofMHealthWest.org).

You may file a complaint with the Michigan Department of Community Health in any of three ways:

1. Go online to [michigan.gov](http://michigan.gov) and search “health facility complaint form” to complete a complaint form.
2. A detailed written complaint may be faxed to 517.241.0093, or mailed to:
 

Michigan Department of Community Health  
Bureau of Health Systems,  
Division of Operations  
Complaint and Investigation Unit  
PO Box 30664  
Lansing, MI 48909
3. Call the toll-free complaint hotline at 1.800.882.6006.

## Your Responsibilities as a Patient:

- Follow hospital rules and regulations.
- Answer all questions about your past and present health. Tell us about past hospital stays and medications that you take.
- Don't be afraid to ask questions. We want you to understand your care.
- Tell your doctor if you are not able to follow the treatment plan.
- Give correct information about insurance or other sources of payment. It is up to you to arrange how you will pay your part of the bill.
- Respect other patients and hospital staff and property.
- Report changes in your condition to the doctor and nurse.
- Ask your nurse for an “Important Message from Medicare” if you have Medicare coverage and haven't received this letter.

## What is an Advance Directive?

It is a form you fill out to let your doctors and others know what medical care you want if you become too sick to make your own decisions.

One type of advance directive is a Durable Power of Attorney for Health Care. It is also called a Patient Advocate. In this form, you give an adult family member or friend the okay to make health care decisions for you. The Patient Advocate can only make medical decisions for you when it is clear you can no longer make them yourself.

It is important for you to talk about the medical care choices you want with your Patient Advocate. You can write out these choices in a form called a Living Will. A Living Will is another type of advance directive. It is not legally binding in Michigan but it helps your Patient Advocate know what care you would want under certain conditions.

We can provide you with a form and information on how to make an advance directive that is legally binding in the state of Michigan. We will not refuse to give you medical care if you do not have one.

If you have an advance directive, please bring a copy for us to put it in your medical record.

We will follow the wishes of your Patient Advocate, as long as he or she follows your wishes and the laws of the state of Michigan.

University of Michigan Health-West may not honor your Advance Directive under certain circumstances involving a pregnant patient. We will also not give care that is not based on sound medical judgment.

Your doctor may have his/her own religious or ethical beliefs that would not allow him/her to agree with your wishes in your Advance Directive. If this happens, we will help transfer your care to another qualified doctor who is willing to work with you and your Patient Advocate.

