



# Patient Rights and Responsibilities:

*Working Together to Ensure Remarkable Care*

DISCOVER  REMARKABLE

EXPANDED VERSION



***St. Joe's is committed to providing  
compassionate and respectful care.***

***Your health care team will:***

- Care for you in a safe, smoke free setting, regardless of your age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression or source of payment.
- Control your pain as much as possible. You'll be asked about your experiences of pain, the pain relief measures you receive, and their effectiveness, including what you may need at home.
- Promptly notify a family member or representative of your choice and your physician when you are admitted to the hospital.
- Ensure privacy while treating and caring for your personal needs; and, if desired, provide someone of your own sex to be present during certain parts of a physical examination or procedure. You'll be asked for your consent before photographic or audio recordings are made of you.
- Respect your cultural, civil, religious and personal values, beliefs and preferences and speak with a clergy member of your choice. You'll be allowed to wear personal clothing and property, including religiously symbolic items, as long as they do not interfere with your care, do not infringe upon the rights of other patients, or violate the hospital's regulations. If something is taken from you for these reasons, it will be returned to you upon discharge (unless the item is illegal).
- Allow you to choose who can visit and have private conversations with during your stay and have the right to deny visitors. We will not restrict who may visit unless the visitor poses a risk to you or others of serious infection or other harm. You'll be allowed to communicate with your attorney or court for legal questions.

*- continued*

***Your health care team will:***

- Ensure you are free from mental and physical abuse or neglect and from physical /chemical restraints, except those needed to protect you. Your health care team will work to find other options for patient safety prior to consideration of patient restraint, and will never use restraints as a means of coercion, discipline, convenience or retaliation.
- Provide you with information about our policies, rules and regulations affecting patient care and conduct.
- Educate you on the safe use of medicines, medical equipment and potential interactions (food/drug).
- Inform and educate you about your diagnosis and care plan. You'll be provided current information about treatment choices, medications and any known prognosis, so that you are able to participate in your plan of care. We will not provide treatment or services that are medically unnecessary or inappropriate. If your care requires a transfer to another facility, we will explain the reasons for the transfer and will not transfer without an agreement from the receiving facility.
- Follow your wishes regarding organ donation.





## **As a valued patient, we ask that you:**

- Make informed decisions regarding your care, health status, diagnosis, prognosis and the right to request and refuse treatment (informed consent). You will not be subjected to any procedure without your consent. To the degree possible, your decisions and consents will be based on your receiving explanations of the nature of the recommended care, risks involved, probable consequences and risks of those alternatives.
- Know the name of the physician caring for you and others involved in your care. We will inform you about the relationship of our health system to any other health care or educational institutions involved in your care.
- Be an active member in the planning, creation and review of your individualized plan of care, including any advance directives. You will be given an opportunity to appoint a Patient Advocate to represent your wishes should you become unable to participate in your health care decision-making. We will comply with your directives to the extent permitted under state and federal law.
- Provide your team with a complete and accurate medical history, including all treatments and interventions you are using.
- Follow the prescribed treatment plan, including your plan of care for after you leave the hospital or clinic visit.
- Ask for clarification if you don't understand your care plan.
- Be aware and considerate of other patient's rights and respectful of our diverse staff.
- Follow rules for patient care and conduct, including no smoking policy and protection of property. We ask that you treat others respectfully regardless of age, race, sex, religion, national origin, language spoken, sexual preference, marital status, physical or mental handicap or political point of view.
- Provide us with correct information about your sources of payment and ability to pay your bill. We can make no guarantee concerning third party reimbursement for your care; any charges that are not reimbursed will be your responsibility.

## Your Medical Record

- You can request a copy of your medical record at any time by calling:

**Ann Arbor/Livingston:** 734-712-7560 • **Chelsea:** 734-593-6320

- You can request changes to your protected health information (PHI). You have the right to ask that your information not be given out.
- You can expect confidentiality of your record, with information released only with your consent, or as needed for continuing care or as required by law or third party payers. This includes being informed of any circumstances under which we must disclose your information to health and/or law enforcement authorities.

Our Notice of Privacy Practices, which explains additional rights related to your medical record, can be obtained by calling Patient Relations at 734-712-2700.



## Legal Rights

- You can exercise your right as a patient and as a citizen to present a grievance or recommend changes in policies and services on behalf of yourself or others to the health facility or agency staff, to governmental officials, or to another person of your choice within or outside the health facility or agency, free from restraint, interference, coercion, discrimination or reprisal.
- You have the right to receive information about the health facility's or agency's policies and procedures for initiation, review and resolution of patient or resident complaint or grievance and to recommend change.
- You have the right to refuse treatment to the extent permitted by law and to refuse participation in research without jeopardizing your access to continued care. You may leave the hospital when you choose, unless your physician believes your judgment is impaired to a degree that would jeopardize your safety or the safety of others. It is our responsibility to discuss with you the possible results of your refusal of treatment. If your refusal interferes with your physician's ability to treat you adequately, your physician may terminate your treatment upon reasonable notice.
- You have the right to review and receive a full explanation of your bill; and the right to receive, upon request, information about financial assistance. If you have a question about billing or insurance call 734-712-3700.
- You can request an ethics consultation to guide you on health care decisions. This is most commonly done informally through your team or can also occur through a consultation with the Ethics Committee, a group of individuals from different health care professions who are knowledgeable about ethical issues in health care. The Ethics Committee may be contacted by patients, families or staff through Patient Relations.





At Saint Joseph Mercy Health System, your health care is our top priority and we want your experience with us to be as comfortable as possible. Our doctors, nurses, technicians and other support staff are committed to providing you with the most current appropriate medical treatments, delivered with compassionate care.

As your trusted health care partner we strongly encourage you to know and exercise your **rights** and **responsibilities**. Please review this document and help us help you by letting us know if you have a special need or personal accommodation request. If you have a legal guardian, a Patient Advocate under the Michigan Durable Power of Attorney for Healthcare, or an authorized patient representative, you have the right to include them in any decisions related to your care.

## Questions or Concerns

Patient Relations is here to help resolve concerns, answer questions or forward suggestions and compliments. Your health care will not be negatively affected if you voice a concern. Talk with your caregiver, unit manager, charge nurse or contact us.

### ■ Patient Relations 734-712-2700

5301 East Huron River Drive  
P.O. Box 995  
Ann Arbor, MI 48106-0995

### YOU MAY ALSO CONTACT:

#### ■ Michigan Department of Licensing & Regulatory Affairs

Bureau of Health Systems  
Division of Operations  
Complaint Investigation Unit  
P.O. Box 30664, Lansing, MI 48909  
800-882-6006 | Fax: 517-241-0093

#### ■ The Joint Commission

Office of Quality Monitoring  
One Renaissance Blvd.  
Oakbrook Terrace, IL 60181  
800-994-6610 | Fax: 630-792-5636  
[complaint@jointcommission.org](mailto:complaint@jointcommission.org)

### MEDICARE PATIENTS MAY CONTACT:

#### ■ KEPRO

5201 W. Kennedy Blvd, Suite 900  
Tampa, FL 33609  
855-408-8557



*Saint Joseph Mercy Health System brings leading edge technology and compassionate care close to home for southeast Michigan patients and their families.*

ST. JOSEPH MERCY ANN ARBOR  
ST. JOSEPH MERCY CHELSEA  
ST. JOSEPH MERCY LIVINGSTON

*For more information, call*

**Patient Relations**  
**734-712-2700**

[stjoeshealth.org/PatientRights](http://stjoeshealth.org/PatientRights)

299077 R 7/14T (Expanded Version)

**DISCOVER**   
**REMARKABLE**