

Notice of Patient's Rights

To Our Patients

Michigan Surgical Hospital believes that a patient who understands and participates in his or her health care will benefit to a greater extent than one who does not. The statement that follows is a formal expression of our responsibilities to you and also your responsibilities as a patient at Michigan Surgical Hospital. Please do not hesitate to discuss any concerns regarding your hospitalization or any aspect of your stay at the hospital with members of the professional staff, the nursing staff, or hospital administration.

Patients and their Physicians

Even though many physicians work in the building, Michigan Surgical Hospital employs very few physicians. Most physicians you see in the hospital are doctors engaged in private practice. While you are a patient here, your personal physician may want you to receive services from specialists in radiology, anesthesiology, or pathology, or may call in other physician specialists for consultation or to assist in your care. These specialists usually will be engaged in private practice and are not employees or agents of the hospital. Delivery of anesthesia services is also the responsibility of physicians in private practice.

Equal Treatment

Patients of the hospital can expect the same consideration, respect, treatment and care regardless of race, creed, color, national origin, religion, sex, age, handicap or source of payment.

Medical Care and Consent

The aim of our professional staff is to provide the care you need. You are entitled to obtain information from your physician about your condition, a proposed course of treatment, and prospects for recovery in language you can understand. This information can be denied to you only if your physician concludes that the release of the information is medically inappropriate in your case. You also are entitled to information about your continuing health needs and alternatives for meeting those needs.

Except for certain routine services, your care will be explained to you before you receive it and you will be asked to sign permission forms for all major procedures. Please ask any questions that you have about your care and about alternatives to this care.

You May Refuse Treatment or Leave The Hospital

You may refuse treatment and your physicians and hospital personnel will respect your wishes, except in certain limited types of cases where a court of law may order otherwise. You will be advised, however, of the possible medical consequences of your refusal. In addition, your refusal to accept treatment may prevent your physician and the hospital staff from properly caring for you. If so, you will be notified of that fact and you may be given notice that you must find another physician and hospital to which to transfer.

You may choose to leave the hospital against your physician's advice. You should discuss with your physician your decision to leave and the risk you take if you do so.

If you refuse treatment or choose to leave the hospital against advice, the hospital and your physicians, of course, are not responsible for any harm that may result. You also will be asked to sign a form indicating that you understand the risks and consequences involved and agree to assume them.

Privacy and Comfort

Your privacy and comfort are our concern. We will provide you with as much privacy as possible, both in your treatment and in connection with caring for your personal needs. Our personnel have been instructed to treat you with consideration, respect, and full recognition of your dignity and individuality.

Residents may participate in your care under the direction of your physician or other licensed professionals. If you question any aspect of this educational process, or if you wish to have specific information about the types of personnel in training who will participate in your care, please discuss this matter with your physician.

Confidential Information

The information you share with your physician is confidential. Your hospital record and other personal records will not be shown to anyone not connected with the hospital without your written permission unless ordered by a court of law, or as special legislation requires. There are two exceptions to the rule: (1) if you are transferred to another hospital, your medical records must accompany you; and (2) you must consent to the release of the information to your insurance company or other payor responsible for payment of your care.

You may view the information in your medical record, unless your physician determines that it is medically inappropriate in your case. As an inpatient, please schedule the review of your records so that your physician can be available to answer your questions.

There is a fee for copies of your medical record. Please call the medical records department for current fee information.

Visiting Policies

The visiting policies of the hospital are posted. Please ask your visitors to respect the policies in place.

If you wish to have private talks with your physician, or with any other visitor, such as your minister, your family, or your friends while you are an inpatient, please notify nursing personnel so that an appropriate space may be made available. You may send and receive personal mail unopened while an inpatient, unless your medical condition indicates otherwise.

Your Responsibilities As A Patient

Just as we have responsibilities to you as a patient, you have responsibilities to your physician and the hospital. We ask that you be direct and honest about everything that relates to you as a patient. Please provide us with a complete and accurate medical history. If you fail to provide complete information about your health status or your habits (such as use of alcohol, cigarettes, or drugs), you may seriously impair your prospects for recovery and may even cause serious harm to yourself.

Please inform us if you do not understand what care will be given to you and what you are expected to do. If you do not understand your illness or treatment, ask your physician. It is your responsibility to follow the recommendations of your physician. If you are dissatisfied with your treatment plan, you have a responsibility to inform your physician.

If your health changes in any way, it is important that you inform your physician. If you have knowledge about unexpected complications that may arise from your treatment, such as allergies or special conditions that you have, please notify your physician or hospital personnel at once. Failure to do so may seriously impair your prospects for recovery.

Finally, please be considerate of the rights of other patients and of hospital personnel and property, and be sure to follow those rules that are given to you.

The Cost of Your Medical Care

It is your obligation to provide hospital personnel with accurate and timely information about how you plan to pay for your hospital care.

If you wish a written or oral explanation of the bill resulting from your medical care, please contact our Patient Accounting Office. You are entitled to this explanation regardless of how your bill is paid.

You must recognize that some insurance carriers and third party payors do not cover all medical and hospital service, and some have limitations in their reimbursement programs. Your physicians will

recommend treatments and other procedures based on your health needs. You will be responsible for paying or arranging payment for the cost of your health care regardless of whether insurance coverage or third party reimbursement is available.

If you require financial assistance in paying for your care, please notify hospital personnel of this fact when you schedule your care.

When it is Time to Leave

There are many demands upon hospital services today, and you will be expected to make arrangements to leave when your physician determines that you are ready for discharge. Most third-party payors will discontinue paying for your care at that time. If you are about to be discharged from the hospital and do not feel ready to leave, please discuss your concerns with your physician. They will appreciate the information. You are entitled to be involved in your discharge planning.

A Few More Suggestions

The hospital environment may be confusing and we may overlook matters which are important to you. The following suggestions may be helpful:

- Ask - all who are involved in your care to identify themselves if you do not know them.
- Ask - who is responsible for your care if you do not know.
- Ask - that visitors and others not involved in your care be restricted if you do not feel well enough to see visitors.
- Ask - that curtains be drawn or doors to examination rooms be closed if our personnel have overlooked that courtesy.
- Ask - for an explanation of anything about your care that you do not understand.

Your health and comfort are the primary interest of our professional staff and employees.

If You Are Ever Dissatisfied

If your questions and concerns have not been adequately answered, you are free to register a complaint either within the hospital or to an outside agency with no fear that your action will in any way be held against you. We do ask that you first register any complaint that you have with our administration, so that we can try to resolve any of your problems. If you remain dissatisfied, personnel of that department can refer you to other hospital representatives who may be able to help. Be sure to ask if there is anyone else to whom you can talk.

Finally - Some Exceptions

This policy outlines the general relationships that exist between Michigan Surgical Hospital and its patients. Some exceptions will be necessary, dependent upon the age and mental condition of the patient; however, these will be discussed with you and your family if they are applicable in your case.

We Care.

Michigan Surgical Hospital

21230 Dequindre Road

Warren, Michigan 48091

(586) 427-1000

www.MichiganSurgicalHospital.com