As a Patient, You Have the Right to:

Access to Respectful Care

- Receive necessary care regardless of your race, sex (including gender identity and gender expression), color, religion, creed, national origin or ancestry, age, marital status, sexual orientation, disability, special disabled veteran and Vietnam-era veteran status, and height or weight. Reasonable accommodation will also be provided to persons with disabilities, to disabled veterans, and to accommodate religious practices.

- Receive considerate and respectful care in a smoke-free environment.

- Speak alone with anyone you wish while in the hospitals or health centers unless your health care provider determines it is not in your best medical interest.

- Choose who may visit with you during your inpatient stay, regardless of whether the visitor is a family member, a spouse, a domestic partner (including a same-sex domestic partner), or other type of visitor unless the visitor's presence compromises yours or others' rights, safety, or health. You have the right to withdraw such consent to visitation at any time. If the patient is a minor, it is the parents or legal guardians who have this right.

- Receive information about rules involving your care or conduct.

- Proper assessment and management of pain.

- Be free from restraint of any form or seclusion that is not medically necessary or as a means of coercion, discipline, convenience, or retaliation by staff.

- An who is a minor, be free from mental, physical, sexual, and verbal abuse, neglect, and exploitation.

- Speak or meet with clergy of your choice.

- Access protective and advocacy services.

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Request an Ethics Committee consultation for guidance on health care decision making by contacting the hospital paging operator at 734-936-4000 and asking for the Ethics Consultant on call for the Adult Ethics Committee or Pediatric Ethics Committee.

Privacy.

Involvement in Care Decisions

 المشاركة في اتخاذ القرارات المتعلقة بالرعاية

-طلب إعلام أحد أفراد العائلة أو أي ممثل آخر عنهم بالإضافة إلى طبيبك عن إدخالك للمستشفى.

-الحصول على معلومات حول تشخيصك الطبي، حالتك الصحية، وضعك، علاجك، التنبؤات حول تشخيصك، والنتائج غير المتوقعة للرعاية.

-المشاركة في اتخاذ القرارات المتعلقة بالرعاية الصحية، كما أنه من حقك أن يزودك طاقم المستشفى بمعلومات عن advance directives واحترامكم للمطالبة بالعلاج أو الخدمات غير المطلوبة لك، أو غير الضرورية طبيًا.

Information about your diagnosis, health status, condition, treatment, prognosis, and unanticipated outcomes of care.

Know who is taking care of you and their professional titles.

-معرفة القائمين على رعايتك وألقابهم المهنية.

-الحصول على المعلومات المتعلقة بإجراءات البحث المقترحة كجزء من الرعاية المقدمة لك. لديك الحق برفض المشاركة في الأبحاث دون أن يؤثر ذلك على استمرارية حصولك على الرعاية.

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Participate in health care decisions and have hospital staff provide you with information on advance directives and comply with your wishes in accordance with the law.

-طلب العلاج. رغم أنه من حقك إتخاذ القرارات المتعلقة بالرعاية الصحية، لا يعني ذلك أن تطلب العلاج أو الخدمات غير المطلوبة لك أو غير الضرورية طبيًا.

Request treatment. However, your right to make decisions about health care does not mean you can demand treatment or services that are medically inappropriate or unnecessary.

Information concerning research procedures proposed as part of your care. You have the right to refuse to participate in research without jeopardizing your access to continuing care.

Your Medical Records

سجلاتك الطبية

-رؤية سجلك الطبي في وقت ملائم لك ولطاقم العمل. عند خروجك، يمكنك طلب الحصول على نسخة من سجلك الطبي مقابل رسوم.

See your medical record at a time suitable for both you and the staff. Once discharged, you may request and obtain a copy of your medical record for a reasonable fee by calling the Release of Information Unit at (734) 936-5490.
Request changes to your protected health information (PHI). You have the right to ask that your information not be given out, by contacting the Release of Information Unit.

Confidentiality, privacy and security of your records, both personal and medical. We may use or disclose PHI without your permission as described in our Notice of Privacy Practices, for example to coordinate your care or submit a claim to your insurance company.

You have a variety of other rights related to your medical records that are explained in the UMHS Notice of Privacy Practices. You may obtain a copy of the Notice of Privacy Practices by contacting the Office of Clinical Safety at (877) 285-7788.

Concern About Care or Service

Have health care information provided in a manner and form that you can understand.

Receive care in a safe setting.

Tell the provider if you have any other concerns or if you believe you have been harmed by your care.

Speak up to identify uncomfortable situations, confusion about the care provided or to be provided, or issues where real or perceived safety concerns are identified. Legal guardians and visitors also have this right.

File a formal written or verbal complaint with the Office of Clinical Safety if your health care providers cannot promptly resolve your concerns. The Office of Clinical Safety can be reached by calling (877) 285-7788, or writing to us at 300 North Ingalls Street, Room 8A06, Ann Arbor, MI 48109-5478.

File a complaint with any of the following organizations regardless of whether your concern is resolved to your satisfaction by UMHS:

- Michigan Department of Licensing and Regulatory Affairs (LARA), Health Facilities Division, P.O. Box 30664, Lansing, MI 48909, 800-882-6006 (الرقم المجاني).
- KEPRO, Medicare Quality of Care Complaints [KEPRO Area 4 - Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, Ohio, Wisconsin], 5201 W. Kennedy Blvd., Suite 900, Tampa, FL 33609, 855-408-8557 (الرقم المجاني).
Concerns about Billing

- The Joint Commission – Office of Quality Monitoring, One Renaissance Boulevard, Oakbrook Terrace, IL 60181, 800-994-6610

As a Patient, You Are Responsible for:

- Following the rules involving patient care and conduct. These include UMHS visitation and no smoking policies.

- Providing a complete and accurate medical history. This history should include all prescribed and over-the-counter medications you are taking.

- Telling us if you clearly understand your plan of care and the things you are asked to do.

- Making appointments and for arriving on time. You must call in advance if you cannot keep a scheduled appointment.

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NOT A MEDICAL RECORD DOCUMENT

99-10166 / HIM: 04/2015 Patient/Family