

Patient Rights and Responsibilities

Your Rights

As a patient at a St. John Providence Health System facility, you have the right:

1. To be involved in decisions about the care, treatment, and services provided. These decisions include the right to receive or refuse care, treatment, and services without coercion, discrimination or retaliation, or having someone of your choice exercise your rights if you are incapable of doing so, in accordance with laws and regulations. You will be asked to consent to treatment or services that have been explained to you in terms you understand.
2. To be informed about the outcomes of the care, treatment, and services provided, including any unexpected outcomes.
3. To receive appropriate care regardless of your race, creed, religion, national origin, language, color, age, disability, marital status, sex, sexual orientation, gender identity or expression, level of income or source of payment.
4. To receive respectful attention to your confidentiality, privacy, dignity, and security.
5. To exercise your religious practice, and cultural and personal values, beliefs and preferences, within legal and safety guidelines.
6. To have the person of your choice informed, as soon as possible, when you are admitted to a St. John Providence Health System facility. You also have the right to have your private physician contacted.
7. To know the name, professional status, and relationship of any provider of care, treatment or services to the St. John Providence Health System facility, and to know the reason for any proposed change in the professional staff responsible for your care.
8. To be informed about the relationship(s) of the St. John Providence Health System facility to other persons or organizations participating in the provision of your care.
9. To receive assistance with your communication needs, including translation/interpretation services and other communication aids, to assure that you are able to participate in your plan of care.
10. To be informed of any research studies that could be offered to you. You have the right to refuse to be part of such research studies without compromising access to, and quality of, your care.
11. To expect that your report of pain will be believed and addressed.
12. To have your wishes addressed relating to end-of-life decisions, including organ donation.
13. To confidentiality of your clinical record, to view your record, and to obtain, within a reasonable time, a copy of your record. There may be a charge for this. You have the right to request an addendum to your record to correct any error you believe is present. You also have the right to refuse the release of your clinical record to a person outside of a St. John Providence Health System facility, except as may be required by law.
14. To be free from mental, physical, sexual and verbal abuse, neglect, and exploitation while at a St. John Providence Health System facility. You have a right to access protective and advocacy services.
15. To be free from restraints, except in emergency situations. Your doctor can order restraints only when necessary to protect you and others from injury.
16. To receive, within a reasonable period of time, an itemized bill for services rendered, and to be informed of the source of payment for your services.
17. To be informed about the recording or filming of your care, treatment and services, which can be useful for many purposes. In order to not compromise your privacy and confidentiality, we will obtain your consent for recording or filming. Recording or filming includes photographic, video, electronic or audio media. When the recording or filming is used internally for performance improvement or education, your consent is part of the general consent to treatment form. When the recording will be used for external purposes such as marketing, you will be asked to sign a separate consent that indicates the use of the recording or film. You have the right to request that any recording or filming be stopped.
18. To be informed about St. John Providence Health System rules and regulations that affect patient care and conduct.
19. To be provided information about St. John Providence Health System policies and procedures for initiation, review, and resolution of patient concerns.
20. To have complaints and concerns from you or your family addressed in a timely manner.
21. To a clean and safe environment. St. John Providence Health System ensures that an ongoing proactive program exists for identifying risks and improving patient safety.

22. To designate a support person who will provide you with emotional support during the course of your stay unless the individual's presence infringes on others' rights, compromises safety, or is medically or therapeutically contraindicated.
23. To receive and designate visitors of your choosing, consistent with St. John Providence Health System policy.
24. To question whether you are ready to be discharged or transferred to another facility.
25. To be made aware of the reason for your transfer, either within or outside of the hospital.
26. To receive assistance and information to prepare you and your family for when you leave the hospital.
27. To select the provider for your post-hospital care, including the choice of home health agency, medical equipment provider, or nursing home.

Your Responsibilities

We expect patients and visitors to follow St. John Providence Health System's rules and regulations. These rules protect you and other patients.

1. Tell us what you are experiencing, including symptoms or side effects. This is the only way we can treat your illness or injury appropriately.
2. Give us a complete and accurate medical history, including the use of all legal and illegal medicines, drugs, vitamins and herbal supplements, past illnesses, and past hospital stays.
3. Ask your doctor or nurse about your treatment if you have questions. If you do not ask, we will assume you understand what we are doing and agree to it. Ask a family member or friend to speak for you when you cannot.
4. Be responsible about getting the tests and treatment recommended to you as part of your treatment plan. If you have concerns, ask why a test or treatment is needed and how it may help you. If you refuse a test or treatment, you may be released or transferred to an identified physician at another hospital who will accept you as a patient.
5. Ask about test results – do not assume no news is good news.
6. Tell us if any unexpected complications arise during the course of your treatment. If you let us know if something unexpected happens, we will be better able to provide you with more thorough care, and change your treatment plan, if necessary.
7. Respect the rights of other patients. You also must respect St. John Providence Health System personnel and property.
8. Provide accurate identification and information related to insurance coverage. You are expected to pay for our services as soon as possible.

Expressing Your Satisfaction and Concerns

You and your relatives have a variety of ways to express your satisfaction and concerns regarding the care experience. You or your family may:

1. Mention any concerns or complaints to a nurse or nurse manager immediately so that the matter can be resolved promptly.
2. Dial "0" for the hospital operator, who will connect you with a staff member who can help.
3. Contact the Patient Relations Department during business hours, Monday through Friday, 8 a.m. to 4:30 p.m., by calling St. John Hospital & Medical Center/St. John River District Hospital at 1-313-343-3349, Macomb-Oakland Hospital at 1-586-573-5696, Providence Hospital at 1-248-849-3063 or Providence Park Hospital at 1-248-465-4495.

You also have the right to contact any of the following agencies:

1. Centers for Medicare and Medicaid Services by calling 1-800-MED-ICARE (633-4227).
- For the hearing impaired please dial 1-877-486-2048.
2. The State of Michigan, Licensing and Regulatory Affairs (LARA), Bureau of Health Systems by calling 1-800-882-6006 or by going to their website at <http://www.michigan.gov/bhs>.
3. The Joint Commission by calling 1-800-994-6610, 9:30 a.m. to 6 p.m., Monday through Friday, or by visiting <http://www.jointcommission.org/>.
4. If you are a Medicare Beneficiary and have a quality of care concern, you may call Michigan Peer Review Organization (MPRO) at 1-800-365-5899. If you are currently in the hospital and hearing impaired, dial 1-800-365-5899 then dial 0 and ask for the TTY. If you are hearing impaired and at home, to use TTY, you may dial 711-800-365-5899.

If you are a patient in the hospital and at any time you feel unsafe and may hurt yourself or others, please let your caregiver know immediately. If you are not a patient in a hospital and at any time feel unsafe and may hurt yourself or others, either call 911 or go to the nearest emergency room. The following crisis hotlines are also available 24 hours a day, 7 days a week for the following counties:

Wayne 1-313-224-7000, Macomb 1-586-307-9100, Oakland 1-248-456-0909, Livingston 1-517-546-4126, St. Clair 1-810-987-6911 or 1-888-225-4447.