

PATIENT RESPONSIBILITIES

Specific responsibilities are listed below.

As a patient I, or my legally authorized representative, have the responsibility to:

- Participate to the fullest extent possible in my care, treatment and education related to my care.
- Provide complete and accurate medical history, report my care and health risks as I perceive them, and ask questions when I do not understand what I've been told about my care.
- Notify my care provider or physician about changes in my condition.
- Notify my care provider or physician of symptoms or complications resulting from treatment or any new symptoms.
- Inform my care provider or physician if I do not understand instructions or if I will be unable to follow them.
- Accept the consequences of my actions if I choose not to participate in the recommended treatment plan.
- Observe safety regulations.
- Be considerate of patients, families and staff; help control noise and disturbances; and follow the smoking policies of the organization.
- Not threaten or harm other patients, families or staff.
- Not destroy the property of patients, families, staff and facilities.
- Fulfill the financial obligations of my healthcare as promptly as possible. For assistance contact Financial Services at 906-341-3279 or 906-341-3230.
- Be aware that the hospital may limit or restrict my visitation rights under certain circumstances, including but not limited to the following:
 - > I am undergoing care interventions
 - > Disruptive, threatening or violent behavior of any kind
 - > My need for rest or privacy
 - > Infection control issues



COMPLAINT MANAGEMENT PROCESS

If we fail to meet your expectations, we invite you to share your concerns regarding treatment, patient safety and quality of care. You may voice concerns to:

- Any employee, care provider, or physician
- The director of the clinic or hospital department
- Compliance Officer at 906-341-1870
- We encourage you to resolve complaints immediately at the time of service. If you feel that any of your concerns/complaints have not been resolved to your satisfaction, you may initiate a formal complaint and notify: Livanta Quality Improvement Organization at phone (888)524-9900, TTY (888)985-8775 or email communications@Livanta.com
- State of Michigan
Department of Licensing & Regulatory Affairs
Bureau of Community & Health Systems
COMPLAINT HOTLINE: 1-800-882-6006
For Access to Online Complaint Form:
www.michigan.gov/bchs
- The Compliance Team: (888)291-5353 or visit www.thecomplianceteam.org

PATIENT RIGHTS & RESPONSIBILITIES



SCHOOLCRAFT
MEMORIAL HOSPITAL

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906-341-3200 · SCMH.ORG



OUR MISSION
TO DELIVER EXCEPTIONAL HEALTH AND WELLNESS
SERVICES; CATERING TO THE NEEDS OF ALL.

OUR VISION
BUILT ON THE FOUNDATION OF TRUST, WE WILL BE
A CORNERSTONE FOR A HEALTHY, STRONG, AND
THRIVING REGION.



PATIENT RIGHTS

Specific rights are listed below.

As a patient I, or my legally authorized representative, have the right to:

- Receive care without discrimination due to my age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, marital status, sex, sexual orientation, and gender identity or expression.
- Review and obtain a copy of my medical record upon request. For more information contact Health Information Management department at 906-341-3209.
- My personal record will be treated confidentially. I may refuse release to any person outside of the hospital, except as required for treatment, payment, or hospital operations. I will have access to a Notice of Privacy Practices that describe the way SMH will use, disclose and safeguard patient information. I have the right to a paper copy of this notice at any time, even if I agreed to receive electronically. A paper copy will not be issued unless requested. Copy of this notice can be obtained at www.scmh.org.
- Know the name of the physician or other practitioner who has primary responsibility for my care and know the identity and professional status of the people caring for me.
- Receive from my physician and staff, in terms I can understand, current information and education about my diagnosis, treatment, prognosis and services offered. Current information may include any unanticipated outcomes of care, treatment and services.
- Receive privacy (as feasible) in treatment and in caring for personal needs with respect, dignity, and individuality.
- Receive considerate and respectful care in a safe and private environment free of neglect, harassment and abuse.
- Refuse treatment to the extent provided by law and to be informed of consequences of that refusal.
- Receive an explanation of my bill and receive, upon request, information relating to financial assistance available through the hospital. For more information or assistance, contact Financial Services at 906-341-3279 or 906-341-3230.
- Be free from mental or physical abuse, free from seclusion and restraints of any form that are not medically necessary or necessary for emergency behavior management (prevent harm to self or others), or are imposed as a means of coercion, discipline, convenience or retaliation by staff.
- Receive care and treatment that respects my values, beliefs and life philosophy.
- Address and participate in discussions regarding ethical issues that arise in my health care. Receive information about the Ethics Committee at my request. Receive emotional, cultural and spiritual support for my family and me.
- Receive competent language interpreting and translation services, free of charge.
- Complete or update an advance directive outlining my wishes regarding my healthcare should I become unable to express my wishes. Schoolcraft Memorial Hospital will honor advance directives that comply with the law. This advance directive may include my wishes regarding organ and tissue donation. Ask to speak with a Social Worker for further assistance.
- Be informed of the need for, alternative to and acceptance by another facility when transfer to that facility is planned.
- Receive information regarding risks, benefits and alternatives in order to give informed consent before any procedure is performed.
- Receive information concerning continuing health needs and alternatives to meeting those needs and be involved in discharge planning.
- File a grievance and be informed of the process to review and address the grievance without fear of retaliation or retribution from my provider or the organization.