

Patient Responsibilities

You have responsibilities as a patient.

You are responsible for providing as much information as possible about your health, medical history, and insurance benefits.

You are responsible for asking the care provider for clarification when you do not understand medical words or instructions about your plan of care.

You are responsible for following your plan of care. If you are unable/unwilling to follow the plan of care, you are responsible for telling your care provider. Your care provider will explain the medical consequences of not following the recommended treatment. You are responsible for the outcomes of not following your care plan.

You are responsible for following the facilities rules and regulations.

You are responsible for acting in a manner that is respectful of other patients, staff, and facility property.

You are responsible for meeting your financial obligation to the facility.

Interpreter services can be obtained by contacting your nurse.

A hospital serves many purposes. Hospitals work to improve people's health; treat people with injury and disease; educate doctors, health professionals, patients, and community members; and improve understanding of health and disease. In carrying out these activities, this institution works to respect your values and dignity.

Advance Medical Directives

It is the policy of UP Health System Bell to inform patients of their right to have an ADVANCE MEDICAL DIRECTIVE if they so desire.

An advance medical directive allows you to make decisions about your future medical care. It allows you to appoint and designate someone to make sure your wishes are followed if you become unable to do so.

It is the right of all patients with an advance medical directive to have their decisions followed. In the event your physician would not agree to follow your decisions the hospital will ensure that another physician will assume responsibility for your care.

If you have already completed an advance medical directive, it is your responsibility to tell the staff and to provide the hospital with a copy for your medical chart. If you do not have an advance medical directive and would like more information, ask the staff. We will be happy to provide you with the necessary information.

Any questions regarding your rights and responsibilities can be referred to the Patient Experience Office by calling 906.485.2609

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Patient Rights & Responsibilities

Effective health care requires patients, physicians and health care professionals to work together as a team. Open and honest communication, respect for personal and professional values, and sensitivity to differences are important in providing the best possible patient care.

UP Health System is committed to understanding and respecting the rights and responsibilities of patients, their families, physicians, and other caregivers. The health system respects the role of patients in decision making about treatment choices and other aspects of their care.

UP Health System is sensitive to cultural, racial, linguistic, religious, age, gender, and other differences as well as the needs of persons with disabilities. UP Health System treats all patients regardless of their source of payment.

UP HEALTH SYSTEM
BELL

Item# 760786

PtRights&RespLegal,1993, Rev. 2/16/21

Patient Bill of Rights

We view health care as a partnership between you and your caregivers. We respect your rights, values, and dignity. Patients will receive safe, high quality medical care regardless of an individual's race, color, national origin, religion, gender, age, sexual orientation, gender identity or expression, genetic information, veteran status, or disability. We ask that you recognize the responsibilities that come with being a patient, both for your own well-being and that of fellow patients and caregivers.

You have the right to safe, high-quality, medical care, without discrimination, that is compassionate and respects personal dignity, values, and beliefs.

You have the right to participate in and make decisions about your care and pain management, including refusing care to the extent permitted by law. Your care provider (such as a doctor or nurse) will explain the medical consequences of refusing recommended treatment.

You have the right to have your illness, treatment, pain, alternatives, and outcomes explained in a manner you can understand. You have the right to interpretation services if needed.

You have the right to effective pain management through the development of an individualized pain management plan with your clinical practitioners.

You have the right to know the identity of physicians, nurses and others involved in your care, as well as when those involved are students, residents or other trainees. At your request, you have a right to a second opinion.

You have the right to request that a family member, friend, and/or physician be notified that you are under the care of this facility.

You have the right to expect that a hospital will make a reasonable response to the request of all patients for appropriate and medically indicated care and services. If an emergency condition

exists, the hospital is required to treat the patient until the medical condition is stabilized. Transfers of unstable patients are not permitted unless the transferring physician certifies that the medical benefit of transfer outweighs the risk, or the patient, after being adequately informed of the reasonable risks and benefits, requests to be transferred to another health care facility. Prior to transfer the institution to which the patient is to be transferred must have space and qualified personnel for treatment of the patient and an accepting physician to assume responsibility for the care of the patient.

You have the right to be informed about transfers to another facility or organization and be provided complete explanation including alternatives to a transfer.

You have the right to receive information about continuing your health care at the end of your visit.

You are entitled to dignity and support during end of life care.

You have the right to know the policies that affect your care and treatment.

You have the right to participate or decline to participate in research. At any time you may decline as a participant without compromise to care, treatment, and services.

You have the right to receive visitors whom you designate, including, but not limited to, your spouse, a domestic partner (including a same sex domestic partner), another family member, or a friend. You also have the right to withdraw or deny their consent to visitation at any time. In the event you are unable to designate who can visit, the person you have designated as your "support person" can make that designation. Hospital visitation will not be limited or denied based on race, color, national origin, disability, religion, sex, sexual orientation, gender identity or expression. However, it may become clinically or otherwise reasonably necessary

for a patient's care, safety or well-being to impose restrictions on visitation. Reasons to limit visitation, if deemed necessary, may include but are not limited to:

- Patient is undergoing care interventions with which visitation may interfere
- Infection control issues
- Visitation may interfere with the care of other patients
- Disruptive, threatening, or violent behavior by a visitor of any kind
- Patient's need for privacy
- Need for limitation on the number of visitors in particular space or during specific time period
- Minimum age requirements for child visitors
- Visitation limitation protocols for substance abuse or mental health treatment of patient

You have the right to private and confidential treatments, communications, and medical records to the extent permitted by law.

You have a right to formulate an advance directive. UP Health System staff will ask if you have an advance directive on admission. If you have an advance directive the hospital will include that information in your records. If you do not have an advance directive you will be given appropriate information if you desire.

You have a right to your medical records in a reasonable time frame, to the extent permitted by law. You may request a copy of your medical records for a reasonable fee.

You have the right to be informed of charges and receive counseling on the availability of known financial resources for health care.

You have the right to ask and be informed of the existence of business relationships among the hospital, educational institutions, other health care providers, or payers that may influence the patient's treatment and care.

You have the right to expect reasonable safety within the hospital practices and environment.

You have the right to be free from restraints that are not medically required or are used inappropriately.

You and your family/designated other have the right to participate in any discussion of ethical issues surrounding your care, please contact UP Health System Bell Ethics and Compliance Officer at 906.485.2605

You have the right to access advocacy or protective service agencies and a right to be free from neglect or abuse.

You have the right to be informed of hospital policies and practices that relate to patient care, treatment and the uses and disclosure of all your health care information. You have the right to be informed of all available resources for resolving any breach of confidentiality, disputes, conflicts or grievances.

If you share a concern or a complaint your care will not be affected in any way. The first step is to discuss your concerns with your doctor, nurse or other caregiver. If you have concerns that are not resolved, please contact the Patient Experience Office at 906.485.2609

You may file a formal written complaint to the Patient Experience Advisor's office at 901 Lakeshore Drive, Ishpeming MI, 49849. You can expect an initial response within seven business days

You may contact The Joint Commission to report a Patient Safety

Complaint at www.jointcommission.org or contact them by phone at 630-792-5800.

If you would like, you may submit your concern to the State of Michigan Department of Licensing and Regulatory Affairs (LARA) on their website at www.michigan.gov/lara, by calling them at 800-882-6006 or completing and submitting form BCHS-361 and submitting to LARA by mail, fax or email.

• Department of Licensing & Regulatory Affairs Bureau of Community and Health Systems -Health Facility Complaints
PO Box 30664
Lansing, MI 48909
Phone: 800-882-6006
Fax: 517-335-7167
Email: BCHS-Complaints@michigan.gov