

*Working
wonders
through
excellence,
service,
innovation,
and caring*



PATIENT RIGHTS, RESPONSIBILITIES AND DURABLE POWER OF ATTORNEY

WORKING
WONDERS SM

SPARROW



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These Rights and Responsibilities are posted in public view throughout Sparrow Health System. Copies are given to patients upon delivery of care, and distributed throughout the organization to staff members, physicians, volunteers and board members. Additional copies of the Rights and Responsibilities are available upon request.

Hospital care involves a unique partnership between the patient, family, physician and the hospital staff based on trust and mutual respect. Respecting each person's rights and responsibilities is the first step in establishing a trusting relationship.

Your Health Care Team

Many doctors, nurses and other professional staff members are involved in patient care.

Each patient has:

- An attending physician – the doctor primarily responsible for your care;
- A registered nurse in the inpatient setting – the nurse who coordinates and directs the nursing care.

In addition, other physicians, residents, nurses and allied health professionals will assist with your treatment plan. Since Sparrow is a major teaching institution, students in all phases of health care training may also be assisting in the delivery of your care.

Sparrow's mission is to improve the health status of the people of mid-Michigan by providing quality, compassionate, accessible and cost-effective care that is nationally recognized for excellence. In fulfilling this mission and in accordance with Michigan Compiled Laws Annotated (MCLA) 333.20201, 333.20202, the following rights apply to all patients, including neonates, children, adolescents and adults treated at Sparrow.


Patient Rights

As a patient at Sparrow, you have the Right to Information, Presented in Understandable Terms, upon the delivery of care.

- You have the right to know about and receive a copy of Sparrow's policy of Patient Rights & Responsibilities and Durable Power of Attorney for Health Care brochure.
- You have the right to know how to contact a patient representative in the event you have a question, problem, concern or complaint about any service, the quality of care, your rights and responsibilities as a patient, or the process for review and resolution of the issue presented without jeopardizing current or future care and without fear of reprisal. For assistance, please contact our patient representatives in the Service Excellence Department at 517.364.3935; after hours or on a weekend please ask the hospital operator to page a patient representative; or personally visit the Service Excellence Department on the first floor of the main Sparrow campus.

You also may write to:

Service Excellence
Sparrow Hospital
1215 E. Michigan Avenue
PO Box 30480
Lansing, MI 48909-7980



There are additional telephone numbers listed on page 10 of this brochure that may assist you in filing complaints.



- You have the right to know who is responsible for coordinating and providing your direct patient care.
- You (or your legally designated representative) have a right to information about your medical condition, treatment plan, and prospects for recovery.
- You have the right to know about the existence of any professional relationships among individuals who are treating you.
- You have the right to know about Sparrow's rules and regulations that impact patient care, security and patient conduct.
- You have the right to know about financial assistance, including the right to receive and examine an explanation of your bill, within the laws and regulations that apply.
- You have a right to receive Sparrow's Notice of Privacy Practices, which describes your additional rights under HIPAA. If you have any questions or concerns relating to your privacy rights, please contact our Service Excellence Department at 517.364.3935.

The Right to Safe, Dignified, Respectful, and Considerate Care

- You have equal rights to adequate, appropriate, sensitive, compassionate, personalized care consistent with Sparrow's values, without regard to race, creed, color, national origin, cultural/religious beliefs, gender, age, marital status, handicap, sexual orientation or source of payment.
- You have the right to exercise civil and religious liberties and cultural and spiritual beliefs that do not interfere with the well-being of others. This includes the right to independent personal decisions and the right to the knowledge of available choices.
- You have the right to be free from mental or physical abuse and restraints of any kind unless authorized by a physician to protect you from self-harm or harm to others.
- You have the right to be free from performing services for Sparrow unless such work is part of a documented therapy program.

The Right to Effective Pain Relief

- You have the right to have your pain controlled, which includes receiving pain medication on a timely basis; receiving answers and information about risks, benefits and side effects of pain medication and treatment; and participating in decisions about your pain control, including suggesting changes in management or refusing treatment, if you wish.



The Right to a Reasonable Response to Your Requests

- You have the right to a reasonable response to your needs for treatment and service within Sparrow's capacity, its mission and values, and the laws and regulations that apply.
- You have the right to consideration of your personal, spiritual and cultural values within the limits of the hospital's resources and to receive pastoral care or spiritual services upon request.
- You have the right to expect the coordination of sign language, foreign language interpretation services, or other special communication needs.

The Right to Personal Privacy, Security and Confidentiality of Medical Treatment/Records

- You (or your legally designated representative) have the right to inspect or receive a copy of your medical record upon written request for a reasonable fee.
- You have the right to refuse release of your medical records to any outside person, except when required by law, transferred to another facility, or as required by a third party payer.
- You have the right to have private conversations with your physician(s), attorney or any other person of your choice.
- You have the right to send and receive unopened, confidential, personal mail and receive assistance in making and receiving personal telephone calls.
- You have the right to accept and refuse to see visitors, except in the case of a physician's order.
- You have the right to request a transfer to a different room if another patient/visitor is disturbing you and another suitable room is available.
- You have the right to personal privacy in treatment and in caring for your personal needs with consideration, dignity and respect for your individuality.



The Right to Make Decisions Involving Your Care, in Collaboration with Your Physician

- You have the right to be treated by the physician of your choice, within the parameters established by Sparrow's Medical Staff Bylaws. This includes requesting a consultation or second opinion from another physician as well as changing physicians.
- You have the right to the information necessary to make treatment decisions that reflect your wishes.
- You have the right to accept medical care or refuse treatment and be informed of the medical consequences of refusing.
- You have the right to receive information regarding your continuing health needs and alternatives for meeting those needs, including transfer to another facility, and to be involved in your own discharge planning, if appropriate.
- You have the right to refuse participation in Sparrow's Medical Education Program with residents, nurses and allied health students by making these wishes known to your physician.
- You have the right to appropriate treatment of primary and secondary symptoms that can respond to treatment if treatment is desired by the patient or your designated representative.



The Right to be Informed of any Human Experimentation or Other Research/Educational Projects Affecting Your Care or Treatment

- You have the right to refuse to participate in treatment without jeopardizing your continuing care.

The Right to Formulate Advance Directives and Appoint a Representative to Make Health Care Decisions on Your Behalf

- You have the right to receive care, regardless of whether or not you have formulated an advance directive or durable power of attorney for health care.
- You have the right to have your chosen representative communicate your wishes for medical treatment in the event the you are medically incapable of making your own decisions.

The Right to Participate in the Consideration of Ethical Issues that May Arise in Your Care

- You or your designated representative have the right to receive information and education and to participate in consideration of ethical issues through Sparrow's ethics consultation process. To request an ethics consultation, please contact the hospital operator for assistance.

The Right to be Involved in Decision Making Regarding the Withholding of Resuscitative Services and Foregoing or Withdrawing Life-Sustaining Treatment

- You or your designated representative have the right to be involved in decisions regarding the withholding of resuscitative services, foregoing, or withdrawing life-sustaining treatment.

Patient Responsibilities

- You have the responsibility to follow Sparrow's rules and regulations affecting patient care and conduct.
- You have the responsibility to provide a complete and accurate medical history including present complaints, past illnesses, hospital stays, medications and other matters that relate to your health.
- You have the responsibility to ask questions if you do not understand information or instructions about a course of treatment and what you are expected to do, and request interpretive services if needed.
- You have the responsibility to follow the recommendations, advice and treatment plan prescribed by your physician(s), and to make it known whether or not you understand the consequences of not following the proposed course of treatment as well as the consequences of various other treatment alternatives.
- You have the responsibility to tell your physician(s) and care providers about any problems or concerns you may have or any complications or unexpected changes you experience as a result of the medical treatment you receive.
- You have the responsibility to be considerate of the rights and property of other patients and Sparrow staff and to cooperate in the control of noise, comply with our smoking policy, respect the privacy of other patients and practice safety. Weapons are prohibited on hospital premises.
- You have the responsibility to provide accurate and timely information concerning the sources of payment and the ability to meet financial obligations.
- You have the responsibility to provide complete and accurate information for insurance claims and to agree to prompt payment for services billed that are not covered by insurance and to make proper arrangements regarding any outstanding balance.
- You have the responsibility to recognize the effect of lifestyle decisions on your personal health and safety.

Important Message From Medicare

Your Rights As A Hospital Patient

- You have the right to receive necessary hospital services covered by Medicare, or covered by your Medicare Health Plan ("your Plan") if you are a Plan enrollee.
- You have the right to know about any decisions that the hospital, your doctor, your Plan, or anyone else makes about your hospital stay and who will pay for it.
- Your doctor, your Plan, or the hospital should arrange for services you will need after you leave the hospital. Medicare or your Plan may cover some care in your home (home health care) and other kinds of care, if ordered by your doctor or by your Plan. You have a right to know about these services, who will pay for them, and where you can get them. If you have any questions, talk to your doctor or Plan, or talk to other hospital personnel.

Your Hospital Discharge & Medicare Appeal Rights

Date of Discharge: When your doctor or Plan determines that you can be discharged from the hospital, you will be advised of your planned date of discharge. You may appeal if you think that you are being asked to leave the hospital too soon. If you stay in the hospital after your planned date of discharge, it is likely that your charges for additional days in the hospital will not be covered by Medicare or your Plan.

Your Right to an Immediate Appeal without Financial Risk: When you are advised of your planned date of discharge, if you think you are being asked to leave the hospital too soon, you have the right to appeal to your Quality Improvement Organization (also known as a QIO). The QIO is authorized by Medicare to provide a second opinion about your readiness to leave. You may call Medicare toll-free, 24 hours a day, at 1-800-MEDICARE (1-800-633-4227), or TTY/TTD: 1-877-486-2048, for more information on asking your QIO for a second opinion. If you appeal to the QIO by noon of the day after you receive a noncoverage notice, you are not responsible for paying for the days you stay in the hospital during the QIO review, even if the QIO disagrees with you. The QIO will decide within one day after it receives the necessary information.

Other Appeal Rights: If you miss the deadline for filing an immediate appeal, you may still request a review by the QIO (or by your Plan, if you are a Plan enrollee) before you leave the hospital. However, you will have to pay for the costs of your additional days in the hospital if the QIO (or your Plan) denies your appeal. You may file for this review at the address or telephone number of the QIO (or of your Plan).

Filing Complaints

If you have a complaint against a hospital, hospice, nursing home, free standing surgical unit, ambulatory surgical unit or end stage renal dialysis center, call 800.882.6006 or write to the address listed below:

Michigan Department of Consumer and Industry Services
BHS, Operations, Complaint Investigation Unit
PO Box 30664
Lansing, Michigan 48909

If you have a complaint against a licensed or regulated healthcare professional, call 517.373.9196 for an allegation form or write to the address listed below:

Michigan Department of Consumer and Industry Services
Bureau of Health Services, Complaint and Allegation Division
PO Box 30670
Lansing, Michigan 48909

If you have a complaint about the privacy of your healthcare information, call 202.619.0257 (877.696.6775 toll free) or write to the address listed below:

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Other Important Telephone Numbers

Medicaid Complaints Department
of Attorney General
Health Care Fraud Division
PO Box 30218
Lansing, Michigan 48909
800.242.2873

Michigan Domestic Violence Prevention
and Treatment Board
Family Independence Agency
PO Box 30037
Lansing, Michigan 48909
517.373.8144

Michigan Protection and
Advocacy Service, Inc.
(Persons with Disabilities)
517.487.1755
800.288.5923 (voice or TTY)

Long Term Care Ombudsman
Michigan Office of Services
to the Aging
Ottawa Building, Third Floor
611 W. Ottawa
Lansing, Michigan 48933
517.373.8230

Michigan Coalition for Human Rights
71 E. Edsel Ford
Detroit, Michigan 48202
313.874.2624

Durable Power of Attorney for Health Care

A Durable Power of Attorney for Health Care is a document that a person 18 years or older can use to appoint a trusted friend or relative to speak on their behalf if they lose their communication or decision-making abilities. The appointed friend or relative may make medical choices only when the patient is unable to express medical wishes or make personal medical choices. The choices made by the trusted friend or relative should reflect the patient's wishes.

If you have questions, concerns or require the necessary forms relating to Advance Directives, please call our Service Excellence Department at 517.364.3935.

The "Patient Self-Determination Act" recognizes the rights of patients to make choices concerning their medical care, including the right to accept, refuse or withdraw medical and surgical treatment, and to write advance directives for medical care in the event that they are unable to express their wishes. Patients may appoint a friend or relative who will speak for them and make sure that their wishes are carried out in the event that they cannot speak or make decisions for themselves. This document is referred to as a Durable Power of Attorney for Health Care.





1215 E. Michigan Ave.
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Lansing, MI 48909-7980

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www.sparrow.org

July 2004