



Patient Rights

Each patient of Center for Digestive Care and Huron Gastro Endoscopy Center has the following rights:

- * To be treated with dignity, consideration, and respectful care given by competent personnel.
- * Medical and nursing services without discrimination based upon age, race, color, religion, gender, national origin, sexual orientation, disability, marital status, diagnosis or source of payment.
- * To be treated in a safe environment, free from all forms of abuse, neglect, harassment, exploitation, coercion, manipulation, sexual abuse, sexual assault, or seclusion.
- * To be treated with every consideration of privacy in treatment and personal care needs.
- * To make informed decisions regarding his/her care. To receive assistance from a family member, representative or surrogate in understanding, protecting, or exercising the patient's rights.
- * To be able to obtain from his/her physician current and complete information concerning his/her diagnosis, evaluation, treatment, and prognosis, including information about alternative treatments and possible complications involved in terms he/she can be reasonably expected to understand and in a language that can be understood.
- * To have access, where possible, to an interpreter when he/she does not speak English.
- * To participate in decisions involving his/her health care except when such participation is contraindicated for medical reasons. In such events, the person designated by the patient (patient representative) or a legally authorized person (surrogate) will participate in decisions involving the patient's health care. Except for emergencies, the practitioner shall obtain the necessary informed consent prior to the start of a procedure.
- * To expect emergency procedures to be implemented without unnecessary delay.
- * To expect that when an emergency occurs and he/she is transferred to another facility, the patient's representative or surrogate shall be notified. The institution to which the patient is to be transferred shall be notified prior to the patient's transfer.
- * To good quality care and high professional standards that are continually maintained and reviewed.
- * To expect good time management techniques to be implemented within the facility. These techniques shall make effective use of time for the patient and minimize personal discomfort.

- * Upon request, to know the name of his/her attending practitioner, the names of all other practitioners directly participating in his/her care, and the names and functions of other health care persons having direct contact with the patient.
- * To change providers if other qualified providers are available.
- * To refuse drugs or procedures. A practitioner shall inform the patient of the medical consequences of the patient's refusal of drugs or procedures. Each patient accepts responsibility for his/her actions including refusal or withdrawal of consent for treatment or not following the instructions of the physician or facility.
- * To expect that the facility will provide information for continuing health care requirements following discharge, including a referral for needed services.
- * To receive and examine a detailed explanation of his/her bill.
- * To expect the facility to maintain the confidentiality, privacy, and security of his/her medical and financial records. Case discussion, consultation, examination, treatment, and medical records are considered confidential and shall be handled discreetly.
- * To confidential disclosures and records of his/her medical care except as otherwise provided by law or third party contractual arrangement. The facility shall provide the patient, or patient designees, upon request, access to the information contained in his/her medical records, unless the attending practitioner for medical reasons specifically restricts access.
- * To know the facility's rules and regulations applicable to his/her conduct as a patient.
- * To be informed of the facility's policy on Advance Directives and to receive information regarding Advance Directives prior to his/her scheduled appointment.
- * To designate a person/surrogate to represent them as their representative in all matters relating to their healthcare. If a patient is adjudged incompetent under applicable state health and safety laws by a court of proper jurisdiction, the patient's rights are exercised by the person appointed under State law to act on the patient's behalf. If a court of proper jurisdiction has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with State law may exercise the patient's rights to the extent allowed by State law.
- * To know that the physician's of Huron Gastro have a financial interest in the Center for Digestive Care and Huron Gastro Endoscopy Center, and to receive information regarding Physician Ownership Interest prior to his/her schedule appointment.
- * To voice grievances, including grievances regarding treatment or care that is (or fails to be) furnished, abuse, neglect, or compliance, at any time.
- * To exercise his/her rights without being subjected to discrimination or retaliation.

GRIEVANCES:

Center for Digestive Care and Huron Gastro Endoscopy Center will investigate all written and verbal grievances received. All grievances from patients, patient representatives or patient surrogates should contact 734.434.6262 and be connected to the Nurse Manager or Administrator of the facility in which the grievances originated.

The Nurse Manager or person of authority will investigate the grievance within 7 business days. A written notice of the facility's decision will be provided within 14 days to the patient, patient's representative or patient's surrogate. The decision must contain the name of the contact person, steps taken to investigate the grievance, the results of the grievance process, and the date the grievance process was completed.

Patients and patient representatives/surrogates also may contact the following regarding grievances:

Michigan Department of Community
Health Bureau of Health Systems
Complaint Investigation Unit
P.O. Box 30664
Lansing, MI 48909
1.800.882.6006

Office of the Medicare Beneficiary
Ombudsman [www.medicare.gov/claims-
and-appeals/medicare- rights/get-
help/ombudsman.html](http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html)
1.800.633.4227
Center for Digestive Care
Medical Director
734.528.5395

Michigan Department of Health and Human Services
333 South Grand Avenue
P.O. Box 30195
Lansing, MI 48909
1.517.241.3740

ADVANCE DIRECTIVES:

In the state of Michigan, all patients have the right to participate in their own health care decisions and to make advance directives, such as a living will or a health care power of attorney that authorizes others to make decisions on their behalf based on the patient's expressed wishes when the patient is unable to make decisions or unable to communicate decisions. Information regarding advance directives is available from the following websites:

http://www.michigan.gov/documents/miseniors/Advance_Directives_230752_7.pdf <http://www.stjoeshealth.org/for-patients-advance-directives>

In addition, Center for Digestive Care and Huron Gastro Endoscopy Center will provide patients or their representatives/surrogates with advance directive information and forms upon request.

In the event a patient should suffer a cardiac or respiratory arrest or other life-threatening situation, the signed consent implies consent for resuscitation and transfer to a higher level of care. Some patients may have an advance directive in place. However, irregular heart beats, low blood pressure and respiratory depression are known potential side effects of the anesthetic medications and not necessarily a natural sign of impending death. Therefore, Center for Digestive Care or Huron Gastro Endoscopy Center will facilitate patient/family/surrogate informed decision making should such deterioration occur and develop an individualized treatment plan which may include hospital transfer. At the hospital, further treatments or withdrawal of treatment measures may be ordered in accordance with the patient's or patient representative's advance directive. Each patient's agreement with this advance directive policy will neither revoke nor invalidate any current advance directive or health care power of attorney.