About Us

The Michigan Visiting Care House Calls program provides primary medical care and consultation for adult patients in the comfort of their own home. Patients do not need to be homebound. However, they must be limited in their ability to leave their home. Care is provided by a team of medical professionals that includes Nurse Practitioners and Physicians. The House Calls program is designed to maintain the continuum of care for University of Michigan Hospital and Health Center (UMHHC) physicians and patients.

Care for patients in the House Calls program may be provided in:

- The Patient's Home
- Senior Complexes
- Assisted Living
- Group Homes
- Adult Foster Care

Contact Information

Business Hours: Monday through Friday 8:00 a.m. to 5:00 p.m.
Phone: (734) 477-7298 or 800-822-7298
Fax: (734) 998-2369

Urgent needs:
A Nurse Practitioner is available during business hours to address urgent needs. For urgent matters after business hours, you should call your primary doctor or 911.

Non-urgent needs: You may leave a message for non-urgent needs after business hours. Messages are answered - on the next business day.
Services

Your House Calls clinicians (nurse practitioner and physician) will:

- Perform physical exams
- Medication management
- Symptom treatment
- Mental health evaluations
- Immunizations
- Safety assessment
- Assessment of the ability to perform daily living activities.
- Coordinate any needed changes with your physician.
- Create the plan for your care at home.
- Coordinate with your nursing agency and other care providers.

When should I call House Calls?

- When your insurance changes.
- If you have problems or questions concerning the services provided by House Calls. Examples of problems may include:
  - change in treatment instructions
  - worsening symptoms or pain
- When your address changes, permanently or temporarily.
- When there are changes involving the person caring for you.
- When there are changes with the physician managing your care.
- If you need to cancel or change the date or time of your appointment.

Disclaimer: This document contains information and/or instructional materials developed by the University of Michigan Health System (UMHS) for the typical patient with your condition. It may include links to online content that was not created by UMHS and for which UMHS does not assume responsibility. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition or your treatment plan.

Author: L. Velez, MD – Medical Director; Emily Meulman, Nurse Practitioner; Debra S. Kovacevich, Director of Nursing
Reviewer: Patricia Devost, Quality and Compliance Coordinator
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Michigan Visiting Care

Important Patient Information

1. **The University of Michigan (UM) is a teaching center.** This means I may receive service from staff and trainees chosen and overseen by the teaching staff. Trainees and teachers may read my health care records for teaching, study and education.

2. **Human Immunodeficiency Virus (HIV) is the virus that causes AIDS (Acquired Immune Deficiency Syndrome).** Under Michigan law, an HIV test may be done on a patient if any health care worker or emergency responder comes in contact with a patient’s blood or other body fluids under the skin, in an open wound, or through the mucus membranes. If this type of contact occurs, I know that my blood can be tested without my consent. If a test is done, I know that I will be given the test results and will receive counseling as needed.

3. **I understand that I will be responsible for my co-payments, deductibles or other charges for medical services not covered or paid by insurance or other third party payers,** except as prohibited by any agreement between my insurance company and UM or by state or federal law. I assign all rights and benefits to UM in order to facilitate reimbursement for health care services. I will help UM follow up on payment for these claims.

4. **I have received written information on patient rights and responsibilities,** e.g. right to confidentiality, privacy, respect and security, as stated under Michigan law.

5. **An Advance Directive is a document saying what kind of care I would want to receive if I were unable to express my wishes.** I have been given information on Advance Directives. I know my care will not be affected if I do not have an Advance Directive.

6. **Patient Education:** When home medical equipment/supplies are provided, I have been trained to safely operate and maintain the equipment/supplies.

7. **The University of Michigan Health System (UMHS) uses many ways to communicate with patients.** The method we use to communicate with you will depend on the reason(s) for communication. **As a patient, by providing the UMHS with my contact information, I am authorizing communications by different methods (e.g., automated calls, text messaging, patient portal, email, etc.)** I understand that I have the option to opt out of (not to participate) with certain methods of communication by informing UMHS staff.

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