# DIRECTORY

<table>
<thead>
<tr>
<th>DEPARTMENT</th>
<th>HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Clinic</td>
<td>928.729.8885/8911</td>
</tr>
<tr>
<td>Diabetes Education</td>
<td>928.729.8467</td>
</tr>
<tr>
<td>ENT Clinic</td>
<td>928.729.8915</td>
</tr>
<tr>
<td>Eye Clinic</td>
<td>928.729.8900</td>
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<tr>
<td>Emergency Department</td>
<td>928.729.8600</td>
</tr>
<tr>
<td>Information Desk</td>
<td>928.729.8110</td>
</tr>
<tr>
<td>Laboratory</td>
<td>928.729.8847</td>
</tr>
<tr>
<td>X-Ray</td>
<td>928.729.8350</td>
</tr>
<tr>
<td>Mental/Behavioral Health</td>
<td>928.729.8500</td>
</tr>
<tr>
<td>OB/GYN Clinic (Women's Health)</td>
<td>928.729.8770</td>
</tr>
<tr>
<td>Ortho Clinic</td>
<td>928.729.8815</td>
</tr>
<tr>
<td>Pediatric Clinic</td>
<td>928.729.8710</td>
</tr>
<tr>
<td>Pharmacy/Refill</td>
<td>928.729.8330</td>
</tr>
<tr>
<td>Pharmacy Clinic</td>
<td>928.729.8328</td>
</tr>
<tr>
<td>Primary Care Clinic</td>
<td>928.729.8032</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>928.729.8810</td>
</tr>
<tr>
<td>Podiatry Clinic</td>
<td>928.729.8825</td>
</tr>
<tr>
<td>Surgery Clinic</td>
<td>928.729.8922</td>
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**FOR MORE INFORMATION CONTACT**

**TSÉHOOTSÓÍ MEDICAL CENTER**
- P. O. Box 649
- Ft. Defiance, AZ 86504
- P - 928.729.8000
- F - 928.729.8019

**NAHATA’DZIIL HEALTH CENTER**
- P. O. Box 125
- Sanders, AZ 86512
- P - 928.688.5600
- F - 928.688.5679

**NIHI DINE’É Bá WELLNESS CENTER**
- P. O. Box 649
- Ft. Defiance, AZ 86504
- P - 928.729.8061
- F - 928.729.8019

“To provide superior and compassionate healthcare to our community by raising the level of health, Hózhó, and quality of life”

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**Patient Rights & Responsibilities**
**Patient Rights**

To be free from all forms of abuse or harassments.

To participate in the development of his/her care: Treatment Plan; Pain Management; Request for spiritual support; and Request for Traditional Healing.

To make informed decisions regarding his/her care. Consenting to medical or surgical treatment; Refusal of medical or surgical treatment.

To know the identity and the professional status of the physicians, nurses, and other health care providers involved in the patient’s care and to know which physician or other provider is primarily responsible for his/her care.

To receive communications in a language and manner the patient can be reasonably expected to understand.

To personal privacy, including records, monitoring and observation.

To confidentiality of his/her records.

To formulate Advance Directives and have TMC NDHC staff comply with them.

To have access to information contained in his/her clinical records within a reasonable time-frame.

To have family member or a representative of his/her choice and his/her own physician notified promptly of his/her admission to the hospital.

To be free from restraint or seclusion of any form imposed as a means of coercion, discipline, convenience or retaliation by TMC/NDHC staff.

To receive or refuse visitors pursuant to the FDIHB policies and procedures.

To receive care in a safe setting.

To be informed of the patient grievance process.

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**Patient Responsibilities**

To participate in their care process by providing correct information and participating in and asking questions about the development of their care plan.

The patient has the responsibility to submit documents such as an advance directive, living will, or durable power of attorney.

To provide complete and accurate information about health insurance, HMO membership/participation or managed care plan and shall cooperate with the FDIHB Benefits Coordinator.

The patient has a responsibility to keep appointments and to contact the hospital if he/she is unable to keep an appointment.

To treat hospital personnel, other patients, and visitors with courtesy.

Patients should follow hospital rules and regulations.

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**Patient Complaint & Grievance**

The FDIHB, Inc. Patient Complaint and Grievance Policy addresses patient comments, concerns, compliments, complaints, and grievances in a timely, reasonable, and consistent manner.

Addressing patient’s issues is the responsibility of every FDIHB, Inc. employee.

For more questions please see the Patient Experience Department or call
Patient Liaison 928.729.3350/8113
Welcome Center 928.729.8110/8144

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**Patients may also Contact**

Medicare Quality of Care Complaints
Health Services Advisory Group
3133 E. Camelback Road, Ste. 300
Phoenix, Arizona 85016
1.877.588.1123

CMS Hotline
1.800.633.4227

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**MISSION STATEMENT**

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