

Due to the Covid-Pandemic, please contact the clinic via phone for office hours

DEPARTMENT DIRECTORY

Audiology

928.729.8915

Dental Clinic

928.729.8885/8911

Diabetes Education

928.729.8467

Eye Clinic

928.729.8900

Emergency Department

928.729.8600

Family Advocacy Center

928.729.3705

HIM (Medical Records)

928.729.8272

Infusion Clinic

928.729.8460

Intensive Care Unit

928.729.8980

Laboratory

928.729.8840

Mental/Behavioral Health

928.729.8500

Mental Health Well Being

Hotline 928.729.3400

Multi-Service Unit

928.729.8625

OB/GYN Clinic (Women's Health)

928.729.8770

OB Ward

928.729.8795

Ortho Clinic

928.729.8815

Pediatric Clinic

928.729.8710

Pharmacy

928.729.8328

Physical Therapy

928.729.8810

Podiatry Clinic

928.729.8825

Primary Care Clinic

928.729.8032

Pulbic Health Nursing

928.729.8470

Purchase Referred Care

928.729.8181

Surgery Clinic/ENT/Wound Care

928.729.8922

Welcome Center

928.729.8110/8144

X-Ray

928.729.8350

FOR MORE INFORMATION CONTACT

TSÉHOOTSOOÍ MEDICAL CENTER

P. O. Box 649

Ft. Defiance, AZ 86504

Phone - 928.729.8000

Fax - 928.729.8019

NAHATA'DZIIL HEALTH CENTER

P.O. Box 125

Sanders, AZ 86512

Phone - 928.688.5600

Fax - 928.688.5679

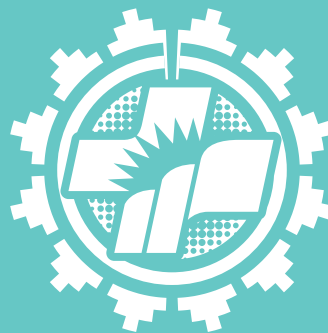
NIHI DINE'É BĀ WELLNESS CENTER

P.O. Box 649

Ft. Defiance, AZ 86504

Phone - 928.729.8061

Fax - 928.729.8019



"To provide superior and compassionate healthcare to our community by raising the level of health, Hozho, and quality of life"

Fort Defiance Indian Hospital Board

Corner of Routes N12 & N7

P. O. Box 649

Ft. Defiance, AZ 86504

www.fdihb.org



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.

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



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 Liason 928.729.3350/8113

Welcome Center 928.729.8110/8144

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

MISSION STATEMENT

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