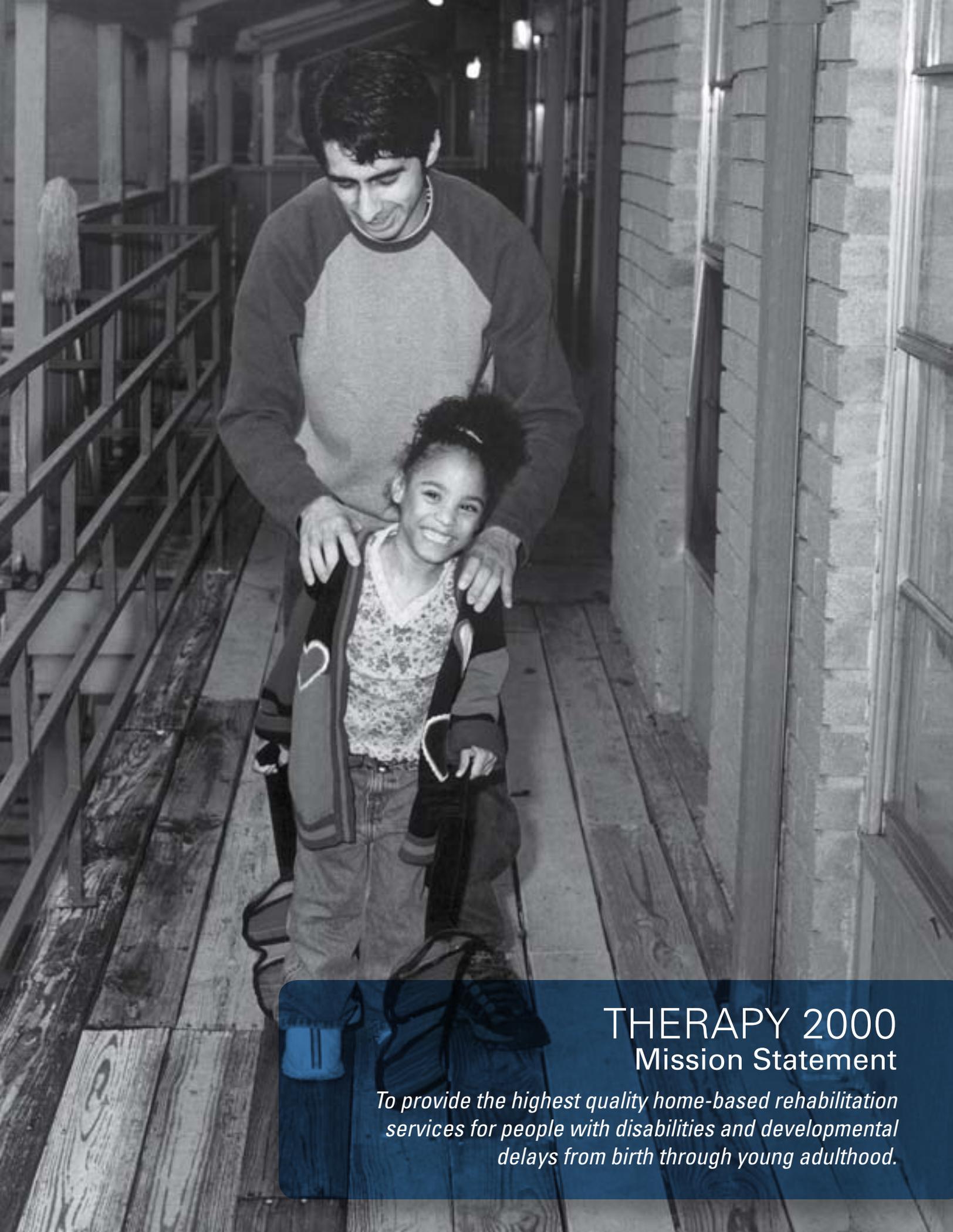




Welcome to Our Family



Important Information.
Please Read.



THERAPY 2000 Mission Statement

To provide the highest quality home-based rehabilitation services for people with disabilities and developmental delays from birth through young adulthood.

Welcome to THERAPY 2000

As owner and administrator of THERAPY 2000, I'm honored to offer you and your loved ones a personal welcome.

THERAPY 2000 provides the highest quality home-based rehabilitation services for people with disabilities and development delays from birth through young adulthood. It is our goal to provide you with the very best services possible.

Your input is important at every stage of our relationship. Whether you are new to home-based services, or whether you've had therapists coming to your home for years, we will always listen to your comments and questions.

This book contains important information about THERAPY 2000 and home-based care. Inside, you'll find sections about admission and therapy visits, infection control, patient rights and more. We have even included some safety information for your home that I hope you'll find helpful.

We know you have a choice when selecting a home health agency. We are sincerely grateful that you have chosen THERAPY 2000. We're looking forward to serving you.

Sincerely,

A handwritten signature in white ink on a blue background. The signature is stylized and appears to read "J. van den Bent" followed by "P.T." to the right. There are several horizontal lines drawn through the signature.

Jerre van den Bent, PT
Owner - Administrator
THERAPY 2000

This book contains important information. Please be sure to read it before the admission visit.
Thank you!

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THERAPY 2000
Providing the Best Possible Care

HOME CARE VISITS

Before therapy can begin, we will schedule an admission visit and one or more evaluation visits with you.

The admission visit makes sure that you understand our policies and procedures. It answers questions about treatment, completes a health history of your child and allows a safety inspection of your home.

The evaluation visit allows the therapist to evaluate the services needed for your child. If your child is receiving more than one kind of therapy, additional evaluation visits may be needed.

After the evaluation visit, you and your therapist will decide on a visit schedule that will assure the most consistent care for your child. From time to time, changes to the schedule might be needed. If the therapist cannot make a scheduled visit, we will call you as soon as possible to reschedule. If you need to cancel or reschedule a visit, please call us at 214-467-9787 or 877-626-7003 as far in advance as possible. We have a 24-hour answering service. Many of our therapists will give you their pager or cell phone numbers. Feel free to call them to cancel or change your child's visits if you prefer.

THERAPY 2000 is a clinical teaching facility. If you agree during the admission visit, a student intern may be present during therapy visits and may assist in delivery of certain services.

We offer the following services:

Physical Therapy

Pediatric physical therapy works on strengthening, balance, and coordination, along with positioning, gross motor skills, transfers, mobility, locomotor skills (running, hopping, skipping, jump-

ing), ball skills, and other motor skills necessary to improve function and enhance participation in a variety of settings: home, school, social settings, play settings, leisure activities.

Occupational Therapy

Pediatric Occupational Therapy uses self-care, work, and play activities to increase ability to perform daily tasks at home, school and in the community. The child's ability to perform self-care activities such as bathing, dressing, and self-feeding is essential to becoming more independent. Work activities as well as play activities help the child to explore or learn, deal with tasks, develop hand skills, coordination and tolerance for their environment. OT may also include training in use of special equipment or making changes to the task and environment in order to increase independence and quality of life.

Speech-Language and Audiology Therapy

Speech and language are two different, yet linked, skills that humans use to communicate. Language is the ability to understand spoken and written words (receptive language) and to express meaning through words (expressive language). Speech is producing sounds that make up words. Speech therapy focuses on building communication skills to allow expression of needs and wants. Swallowing and feeding issues are also addressed.

THERAPY 2000 also assists with **Social Services** and **Skilled Nursing Consultations**.

STAFF EXPECTATIONS AND SUPERVISION

Agency staff can NEVER transport your child. If there is a medical emergency, call 911. If you have transportation problems and need help finding resources, please call us and we will try to help you arrange transportation.

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Agency staff is not responsible for siblings, friends or visitors in the home. Agency staff can be responsible ONLY for the care of the patient. Agency staff CANNOT be in the home without a parent or guardian present.

THERAPY 2000 actively supervises its therapists and nurses. This means that a supervisor may also be present during a treatment session. This does not mean your therapist or nurse is in trouble! It simply shows our commitment to constantly measure the quality of our care.

Your case manager will call you regularly to be sure that you are satisfied with the care being delivered and to update your information.

Our case managers can help you with many needs you may have. Examples of the different areas a case manager can assist you include:

- Access to needed medical services,
- Family problems,
- Education school issues,
- Financial concerns,
- Finding help near where you live, and
- Equipment and supplies

PARENT EXPECTATIONS AND COMMUNICATIONS

You must keep a working home phone number at all times. If your child needs emergency care, a working home phone is necessary to call 911. We also ask you to have an answering machine so we can leave a message for you if needed.

We advise parents to be CPR-certified. You can become certified through the local American Red Cross or the American Heart Association. Call us if you cannot find a CPR course in your area. We can give you information concerning courses available to you.

Please keep a clean environment for your child. This includes a clean living area that is safe and easy to get to for treatment. Our staff must have access to a sink to wash their hands.

You are strongly encouraged to be active in your child's care. We expect you to tell our staff how your child has been doing and if there have been any changes or special things you have noticed. Talk with your therapist or nurse often to know the goals for your child. Also, be sure to talk about any problems, concerns, or feedback you have about your child's treatments. Contact us by phone, by



mail, or e-mail your comments to Suggestions@T2000.com.

If your child receives services through a school system or through Early Childhood Intervention, we may ask you to supply the Agency with a copy of your child's Individual Education Plan (IEP) or Individualized Family Service Plan (IFSP).

VISIT VERIFICATION LOG

At the end of every treatment visit, your therapist will ask you to sign a visit log that lists the date of the visits, and the time that the visit started and ended. By signing, you agree that all the information on the log is correct. **Never sign a blank visit log, or a log that has information that you do not agree with! Never sign twice (two lines) for one visit!**

VISIT CANCELLATIONS

For therapy treatment to help your child, visits must be completed on a consistent basis. When scheduled visits are missed, the child's care and progress are placed at risk. For this reason, the Agency expects you to keep all scheduled appointments. There cannot be many exceptions. The Agency will consider discharging the patient if there are excessive missed visits.

INFECTION CONTROL

It is our duty to protect you and your loved ones from the spread of disease. Our therapists and nurses have certain "rules" that they must follow to reduce the risk of spreading infections. The number one rule is that therapists and nurses **MUST ALWAYS** wash their hands before and after working with your child. All of our therapists or nurses carry a hand-cleaning solution with them for their use on every visit.

We ask the following of you:

1. Provide a work area for us that is clean and that has adequate lighting. When asked, please provide an area for supplies. Supplies must be stored off the floor and out of the reach of children.
2. If treatment involves working on the floor, provide a clean blanket or sheet to protect your child and therapist from being exposed to dirt from the floor.
3. If your child has any of the following symptoms, report these to your therapist before we start working with your child. If you do not expect to see the therapist before the start of the visit (for example, we see your child in school or day care), please call the office to report any new symptoms.
 - Respiratory infection
 - Temperatures greater than 100.5 degrees F.
 - Wounds or skin infections
 - Intravenous site infections
 - Urinary tract infections
 - Conjunctivitis (pink eye)
 - Rash
 - Nasal discharge
 - Ear ache
 - Sore throat
 - Nausea or vomiting
 - Diarrhea
 - Jaundice (except in newborns)
 - ANY new diagnosed disorder
 - Any change in medication, including new prescriptions

EMERGENCY PLAN

We have a registered nurse on call at all times. However, home health is NOT an emergency service. If you call the Agency, the nurse may not be able to arrive to help you for one or two hours.

CALL 911 IF YOU HAVE AN EMERGENCY



THERAPY 2000
Safety in the Home

During the admission visit. Agency staff will complete a home inspection to evaluate the possibility of any safety hazards. This inspection will include electrical wiring and outlets, heating and air conditioning, plumbing, refrigeration, cooking facilities and ventilation, medication and supply storage, smoke detectors, emergency exit, telephone services, cleanliness and accessibility. If changes are needed to make the home a safer place for treatment, a date for completion of changes will be discussed with you and agreed upon during that visit.

HOME SAFETY TIPS

GENERAL

- Do not overload electrical systems
- Store syringes, contaminated equipment and supplies out of reach of children
- Store poisons in childproof containers and out of reach of children
- Post emergency telephone numbers near every telephone
- Learn first aid and CPR
- Vaccinate your pets
- If your child is on a monitor, make sure the alarm can be heard from all parts of the house; be sure to observe other recommended safety precautions
- Make an emergency escape plan that includes plans for evacuating any disabled persons

PREVENTING FALLS

- Keep crib side rails raised to full height; lower the mattress as your child grows
- Carefully strap your child in when using an infant seat or feeding chair
- Do not leave your child unattended on a bed, a couch or a changing table
- Place safety gates at the top and bottom of stairways
- Put guards on your windows and secure your window screens
- Keep chairs or stools away from windows
- Keep stairs free of clutter
- Avoid using walkers near stairways

PREVENTING INJURIES

- Keep sharp items, including diaper pins, out of your child's reach
- Knives, power tools and firearms of any kind should be stored safely or placed in a locked cabinet
- Firmly attach padding around sharp corners of furniture, cabinets or walls
- Secure small rugs so that they do not slip
- Place non-skid mats or strips on surfaces of tubs and showers
- Keep fans out of reach
- Avoid toys with sharp or breakable parts
- Teach safe play

PREVENTING CHOKING STRANGULATION OR SUFFOCATION

- Make sure crib slats are no more than 2 inches apart
- Use bumper pads in your child's crib
- Do not tie anything (including a pacifier) around your infant's neck
- Remove your child's bib at bedtime
- Thread any monitor wires out through the lower end of your child's clothing

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- Remove loose or small parts from toys
- Avoid small, hard foods
- Keep all small objects out of reach
- Do not prop your child's bottle against the side of a crib or pillow
- Burp your infant well before putting the child into the crib
- Keep drapery and blinds cords tied up high or cut short
- Tie plastic bags in a knot and discard
- Avoid latex balloons for children
- Use a pacifier with one-piece construction and a loop handle
- Know the emergency procedure for choking

PREVENTING BURNS

- Label flammable liquids and store them away from heat or sparks
- Develop and practice a fire escape plan
- Install smoke detectors and carbon monoxide detectors and check the batteries monthly
- Keep a small fire extinguisher close at hand
- Check the temperature of bath water carefully before placing your child in the water
- Use flame retardant clothing, sheets and blankets
- Avoid holding your child while cooking or handling hot liquids
- Keep pot handles turned in toward the back of the stove
- Keep drinks and foods away from counter or table edges
- Do not warm formula in a microwave - the bottle and the formula will be different temperatures
- Avoid use of tablecloths with edges that hang off the table
- Place a secure guard around fireplaces, radiators and heaters
- Avoid using a heating pad

- Place safety caps in unused electrical outlets
- Keep electric wires out of reach
- Keep vaporizers out of your child's reach
- Limit sun exposure and use sunscreen with SPF 15 or higher whenever your child is outdoors

PREVENTING DROWNING

- Supervise your child closely when near any source of water, including buckets
- Place fences around pools
- Empty your tub or sink when not in use
- Keep your bathroom door closed and lids down on toilets

CAR SAFETY

- Always use a federally approved car seat and make sure it is installed correctly
- Never leave children alone in a car
- Keep car doors locked, both while you are driving and when you are away from your car
- Avoid litter and loose objects inside the car
- Do not place your infant in a carriage or stroller behind a parked car

TAKING MEDICINES

- Know each medicine's name, how much you are to take and what time of day the medication is to be taken
- Tell your primary doctor about all the drugs you are taking (prescription and non-prescription)
- Do not take medicines prescribed for someone else, even if you have the same symptoms
- Check your medicine bottle labels carefully, reading the label in a well lit area to prevent taking the wrong medicine at the wrong time

SAFETY IN THE HOME

- Do not keep your medicines at your bedside because accidental overdoses can be caused when you are half-asleep and you take more medicine than is prescribed
- Shake all liquid medicines before taking
- Use a standard measuring spoon for measuring medicine
- If medicines require refrigeration, do not freeze
- Report any potential side effects of your medicine such as rash, headache, nausea or diarrhea promptly to your nurse or physician
- Check the expiration date and discard out-of-date drugs safely
- If you see more than one doctor, tell each doctor about the drugs the other doctors have prescribed
- Store medicines away from heat, moisture or direct sunlight (bathroom cabinets are usually NOT suitable because of the heat in the bathroom)
- Store medicines in childproof containers and out of the reach of children





THERAPY 2000
Home Care Patient and Client Rights

As a provider of home care, it is our duty to inform you of your rights and responsibilities before the initiation of service. If a patient or client has been judged incompetent, the family or guardian may exercise these rights.

RIGHTS

You have the right:

1. To receive services appropriate to your needs and expect the home care organization to provide safe, professional care free from verbal, physical and psychological abuse, without unlawful restriction by reason of age, sex, race, creed, color, national origin, religion or disability
2. To have access to necessary professional services 24 hours a day, 7 days a week
3. To be informed of services available
4. To be informed of ownership and control of the organization
5. To be told on request if the organization's liability insurance will cover injuries to employees when they are in your home and if it will cover theft or property damage that occurs while you are being treated.

CARE

You have the right:

1. To be involved in your care planning, including education of care, from admission to discharge and to be informed in a reasonable time of anticipated termination or transfer of service
2. To receive reasonable continuity of care
3. To be informed of your rights and responsibilities in advance concerning care and treatment you will receive, including any changes, the frequency of care and by

whom (what disciplines) services will be provided

4. To be informed of the nature and purpose of any technical procedure that will be performed, including information about the potential benefits and burdens as well as who will perform the procedure
5. To receive care from staff qualified through education or experience to carry out the duties for which they are assigned
6. To choose care providers and the right to communicate with those providers
7. To request information about your diagnosis, prognosis and treatment, including alternatives to care and risks involved, in terms that you and your family can readily understand so that you can give your informed consent
8. To review all health records pertaining to you unless it is medically contraindicated in the clinical record by the physician
9. To be referred elsewhere if you are denied service for any reason.

RESPECT AND CONFIDENTIALITY

You have the right:

1. To be treated with consideration, respect and dignity, including the provision of privacy during care
2. To have your property treated with respect
3. To have staff communicate in a language or form you can reasonably be expected to understand and, when possible, assist you with or provide you with special devices, interpreters or other aids to facilitate communication
4. To maintain confidentiality of your clinical records in accordance with legal requirements and to anticipate release of information only with your authorization or as required by law.

FINANCIAL ASPECTS OF CARE

You have the right:

1. To be informed of the extent to which payment of the home care services may be expected from Medicare, Medicaid or any other payer. Medicaid pays 100%; Medicare pays (A) 100% or (B) 80% of the approved amount
2. To be informed of charges not covered by Medicare or responsibility for any payment that you may have to make, and to receive this information orally and in writing before care is initiated and within 30 calendar days of the date the organization becomes aware of any changes.



SELF-DETERMINATION

You have the right:

1. To refuse all or part of care or treatment to the extent permitted by law and to be informed of the expected consequences of said action
2. To be informed in writing of rights under state law to formulate advance directives
3. To have the organization comply with advance directives as permitted by state law and state requirements
4. To be informed of the organization's policies and procedures for implementing advance directives
5. To receive care whether or not you have an executed advance directives in place, as well as not to be discriminated against whether or not you have executed an advance directive
6. To be informed of the organization's policies for withholding of resuscitative services and the withdrawal of life-sustaining treatment, as appropriate
7. To not participate in research or not receive experimental treatment unless you give documented, voluntary informed consent
8. To be informed of what to do in an emergency
9. To participate in consideration of ethical issues that may arise in your care.

COMPLAINTS

You have the right:

1. To voice grievances about treatment or care that is furnished, or fails to be furnished, or regarding lack of respect for property, without reprisal or discrimination, and to be informed of the procedure to voice any complaints or grievances with THERAPY 2000
2. To be informed of the State Hotline. The Texas Department of Aging and Disability Services (DADS) has a State Hotline for complaints or questions about local home care organization. The State Hotline number is 1-800-458-9858 and the day and hours of operation are 24 hours daily, seven days a week.

GRIEVANCE PROCEDURE

Your satisfaction with our services is very important. We will give full consideration to a complaint or grievance. We will make every effort to resolve the issue in an agreeable manner.

If you have a complaint or grievance:

1. Submit the complaint to your THERAPY 2000 case manager by telephone, in person or in writing. Privacy complaints can be submitted to the HIPAA Privacy Officer. The address and telephone numbers are:

THERAPY 2000

2535 Lone Star Drive, Dallas, TX 75212
(214) 467-9867 or toll free (877) 626-7003

2. You or your representative will be contacted in regards to your complaint by the Administrator or one of the Directors of the Agency. THERAPY 2000 will make every effort to resolve the complaint to your satisfaction.
3. If the complaint cannot be resolved to your satisfaction, you may request that the Administrator submit your complaint to the Agency's Board of Directors.
4. Please be advised that you may report complaints with the Department of Aging and Disability Services, DADS' Consumer Rights and Services Division, P.O. Box 149030, Austin, Texas 78714-9030, toll free 1-800-458-9858. The days and hours of operation are 24 hours daily/seven days a week. For privacy complaints you may send a written complaint to the Secretary of the United States Department of Health and Human Services.

ABUSE, NEGLECT AND EXPLOITATION

THERAPY 2000 is committed to protecting the health and well being of its patients and their families. The Agency has policies and procedures in place that are designed to prevent abuse and neglect and to increase the safety and well being of all of our patients.

ABUSE means:

1. The negligent or willful infliction of injury, unreasonable confinement, intimidation or cruel punishment with resulting physical or emotional harm or pain
2. Sexual abuse, including any voluntary or non-consensual sexual conduct that would constitute an offense under Section 2108, Penal Code (indecent exposure), or Chapter 22, Penal Code (assault offenses) or sexual exploitation
3. Child abuse (as described below)

CHILD ABUSE includes:

1. Mental or emotional injury to a child that results in an observable and material impairment in the child's growth, development or psychological functioning
2. Causing or permitting the child to be in a situation in which the child sustains a mental or emotional injury that results in an observable and material impairment in the child's growth, development or psychological functioning
3. Physical injury that results in substantial harm to the child, or the genuine threat of substantial harm from physical injury to the child, including an injury that is at variance

1. With the history or explanation given and excluding an accident or reasonable discipline by a parent, guardian, or managing of possessor conservator that does not expose the child to a substantial risk of harm
2. Failure to make a reasonable effort to prevent an action by another person that results in physical injury that results in substantial harm to the child
3. Sexual conduct harmful to a child's mental, emotional or physical welfare and failure to make a reasonable effort to prevent sexual conduct harmful to the child
4. Compelling or encouraging the child to engage in sexual conduct or causing, permitting, encouraging, engaging in or allowing the photographing, filming, or depicting of the child if the person knew or should have known that the resulting photograph, film or depiction of the child is obscene or pornographic.

EXPLOITATION means the illegal or improper act or process of a caretaker, family member, or other individual who has an ongoing relationship with a person using the resources of such person for monetary or personal benefit, profit or gain without the informed consent of such person.

FAMILY VIOLENCE means an act by a member of a family or household against another member of the family in household that is intended to result in physical harm, bodily injury, assault or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury assault or sexual assault but does not include defensive measures to protect oneself.

NEGLECT means:

1. Child neglect (as defined below) or
2. The failure to provide for one's self the goods

or services, including medical services, which are necessary to avoid physical or emotional harm or pain or the failure of a caretaker to provide such goods or services.

CHILD NEGLECT includes:

1. Leaving a child in a situation where the child would be exposed to a substantial risk of physical or mental harm, without arranging for necessary care for the child, and the demonstration of an intent not to return by a parent, guardian or managing or possessor conservator of the child.
2. The following acts or omissions by a person:
 - a) Placing a child in or failing to remove a child from a situation that a reasonable person would realize requires judgment or actions beyond the child's level of maturity, physical condition or mental abilities and that results in bodily injury or a substantial risk of immediate harm to the child
 - b) Failing to seek, obtain, or follow through with medical care for a child, with the failure resulting in or presenting an observable and material impairment to the child's growth, development or functioning of the child
 - c) The failure to provide a child with food, clothing or shelter necessary to sustain the life of health of the child, excluding failure caused primarily by financial inability, unless relief services had been offered and refused
 - d) Placing a child in or failing to remove the child from a situation in which the child would be exposed to a substantial risk of sexual conduct harmful to the child or
 - e) The failure by the person responsible for a child's care, custody or welfare to permit the child to return to the child's home without arranging for the necessary care for the child after the child has been absent from the home for any reason, including having

been in residential placement or having run away.

PROCEDURE FOR REPORTING

For Patient and Family

1. If any Agency employee or contractor is suspected of abuse, neglect or exploitation, the employee or contractor will be suspended immediately and an investigation conducted by the Agency or the appropriate state agency. If the investigation finds that abuse, neglect or exploitation occurred, the employee or contractor will be terminated and the incident(s) reported to the appropriate state department, licensing board or law enforcement official.
2. The Agency's director and physician shall be notified of the Agency's intent to report.
3. All Agency employees and contractors are required to report any unprofessional conduct by a licensed health care professional to that person's licensing board and to his or her supervisor.

For Agency Employee or Contractor

1. All health care professionals, whether employed or contracted by the Agency, who suspect abuse, neglect or exploitation are required by law to report such to the Texas Department of Family and Protective Services (DFPS) at 800-252-5400 and the Texas Department of Aging and Disability Services (DADS) at 800-458-9858 within 48 hours of discovery. Agency supervisors will be notified as well.
2. Any nurse or other professional who suspects that a patient is a victim of family violence has the legal obligation to provide information in

the form of a written notice mandated by the state of Texas. The provision of the completed notices plus documentation of the reason(s) why abuse is suspected will be documented by the Agency.

3. All reports of suspected abuse, neglect or exploitation shall be documented by the Agency to the extent required by Texas law. Documentation shall report only observations and statements by the persons involved. The reporter will not document conclusions or options. Copies of reports filed with DPRS or local law enforcement will be tracked and kept by the Agency.
4. Incidents of family violence will be reported to a local law enforcement agency.





THERAPY 2000
Advance Directives

INFORMED CHOICES ABOUT YOUR HEALTH CARE

As a general rule, you are entitled to decide what medical treatment(s) you will receive. Your therapist or nurse will inform you of the risks and benefits of proposed treatment(s) and any alternative forms of treatment that you should consider.

On admission, you are asked to review and sign a general consent to admission and treatment. In some instances, such as certain high risk nursing procedures, you may be asked to sign a specific form indicating that you have been advised by your therapist or nurse concerning your options and that you consent to treatment. In instances involving relatively simple procedures, you do not need to sign a separate consent form, but you should understand and agree with the treatment before it is rendered. Normally, no treatment can be done without your permission. (There are exceptions, such as life-threatening emergencies, when it can be assumed that you want to be treated unless you have made other instructions).

The general rules - that you decide what treatment you receive, and that your care provider will provide all treatment necessary to treat disease or injury, to extend life and to prevent suffering - remain true no matter how ill you may become.

OPTIONS AVAILABLE

Sometimes, when clients are terminally ill, they must decide how much treatment they want to receive. At some point, they may prefer only to be made as comfortable as possible. Or, they may wish that all efforts be made to extend their life, or that certain treatments be tried, but not others.

What happens if you can't tell us what you want us to do, or if you become so sick you can't make important decisions? Your doctor will consult with your family and try to determine what your wishes would be. How can you be sure your family and your doctor will know what you want? State law provides three ways to do this.

One way you can be sure to receive the treatment you would want is to sign a Durable Power of Attorney for Health Care. There is a required legal form for this. A copy of this form, with specific information on how to use it, can be provided for you. With a Durable Power of Attorney, you can designate a proxy - usually a close relative or friend - who will make decisions about your treatment in the event your illness becomes so serious that your doctor determines that you are no longer capable of making decisions. If you decide to use this form, you should choose someone you trust and be sure the person understands your feelings about medical treatment.

The second way you can make your wishes known in a legally binding way is called a Directive to Physicians, sometimes referred to as a Living Will. With a Directive to Physicians, you can tell your doctor, and our staff, what treatments you want or don't want in the event your illness reaches the point that you are considered to be terminally ill. It is especially important to consult with your doctor in writing a Directive to Physicians as your doctor can best advise you about the kinds of treatment likely to be proposed for you. If you have already signed a Directive to Physicians, or if you execute a new one, be sure to tell your doctor and have the document included in your medical records at your doctor's office.

The third way you can make your wishes known is with an Out Of Hospital Do Not Resuscitate Order.

continued on next page...

This official state approved form is utilized when you have made the decision that you do not want any life sustaining measures to be performed. Emergency rescue personnel will not be able to honor any other written physician order. A copy of this, with specific information on how to use it, can be provided for you. The agency staff can assist you with completing this form.

LIMITATIONS

There are limits on Directives to Physicians, Durable Powers of Attorney for Health Care or Out of Hospital Do Not Resuscitate Order. Read the material carefully before executing either.

1. Minors

If you are under 18, your rights under these laws are limited. Your parent, legal guardian or adult spouse can execute a Directive to Physicians for you. If you are under 18, you may execute a Durable Power of Attorney only if you are married, if you are in the military services or if you have been given the legal status of an adult in some other way, such as by a court order.

2. Other Documents

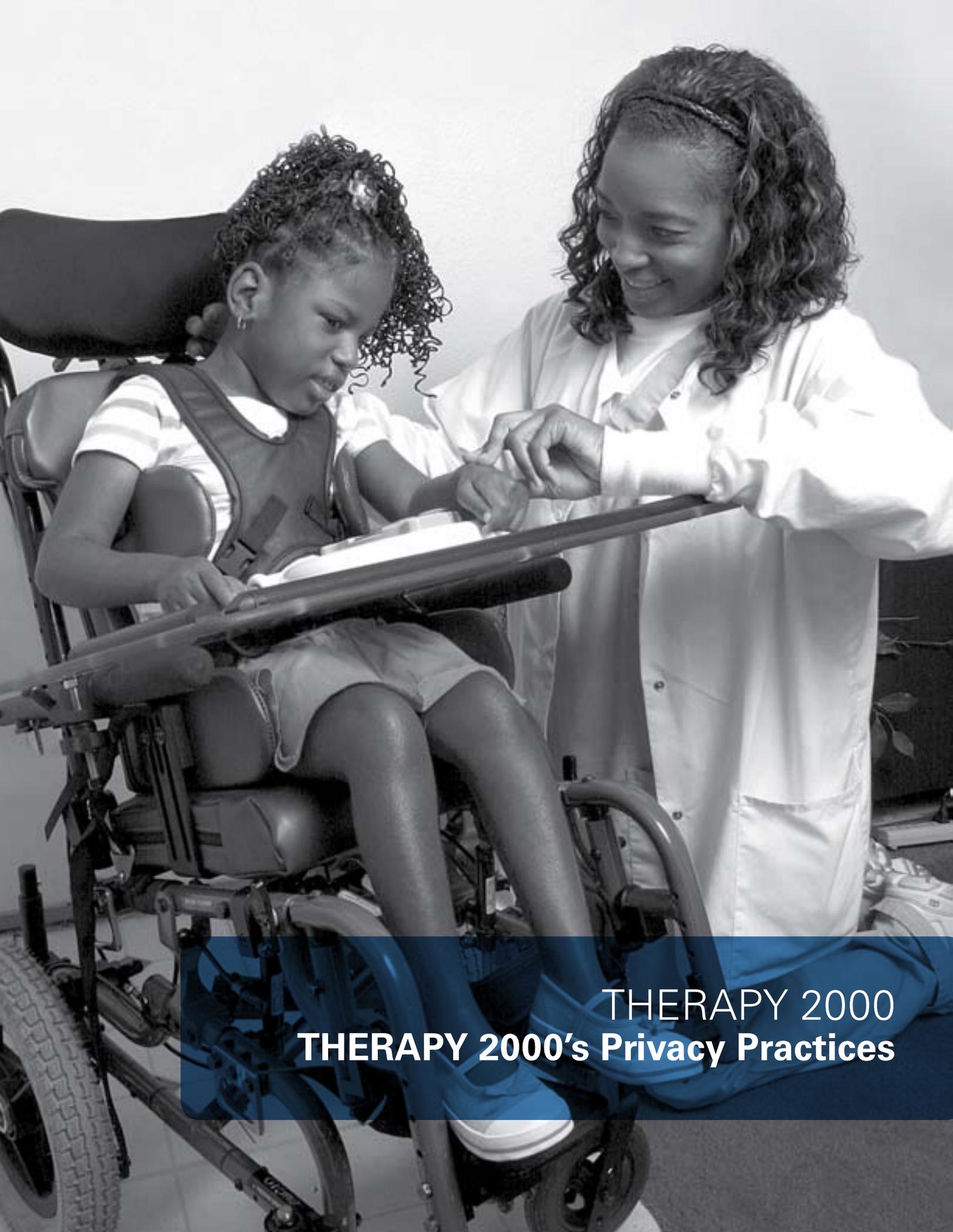
Under law, a Health Care Power of Attorney or Directive to Physicians that was executed in another state is valid if it was valid in the state where it was executed. If you have signed such a document, you should inform your physician and this Agency. If possible, a new form should also be signed to avoid any doubt about the validity of the document from out-of-state.

You do not have to sign a Directive, Living Will, Power of Attorney or Out of Hospital Do Not Resuscitate Order. There is no requirement to do so, and you should use one only if you believe it will help ensure that your wishes are understood and carried out.

IF YOU NEED FURTHER INFORMATION

This information is provided by THERAPY 2000, as an explanation of agency policy, and in compliance with laws requiring that we inform you of your options. If you need further information you may ask your nurse, physician, personal attorney or spiritual advisor. If you need to complete a Durable Power of Attorney for Health Care, an Advanced Directive or Out of Hospital Do Not Resuscitate Order, please contact us at your convenience.





THERAPY 2000
THERAPY 2000's Privacy Practices

The Notice below describes how medical information about you may be used and disclosed. It also explains how you can get access to this information. Please review this carefully.

A. WE HAVE A LEGAL DUTY TO PROTECT HEALTH INFORMATION ABOUT YOU

We are required by law to protect the privacy of health information that can identify you. This information is known as "Protected Health Information" or "PHI".

1. We must protect PHI that we have created or received about your past, present or future health condition, about health care we provide to you or about payment for your health care.
2. We must notify you how we protect PHI about you.
3. We must explain how, when and why we use and disclose PHI about you.
4. We may only use or disclose PHI as we have described in this Notice.

B. WE MAY USE AND DISCLOSE "PHI" ABOUT YOU WITHOUT YOUR AUTHORIZATION

1. **We may disclose your PHI** to provide, coordinate or manage your health care and related services. For example, we may disclose PHI about you when you need a prescription for orthoses, for a swallow study, for an x-ray or when we refer you to another health care provider.
2. **We may disclose your PHI** to bill and collect payment for the treatment and services provided to you. Before you receive services, we may share information with your health plan(s). This allows us to verify coverage under your plan or policy. We may share

portions of your medical information with collection agencies, insurance companies, health plans or consumer reporting agencies (e. g., credit bureaus).

3. **We may use your PHI** to perform "health care operations". These "health care operations" allow us to improve the quality of care we provide and reduce health care costs. Examples include:
 - a) Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other patients
 - b) Reviewing and evaluating the skills, qualifications and performance of our therapists and nurses
 - c) Providing training programs for students and trainees
 - d) Cooperating with outside organizations that assess the quality of our care or those who certify or license our staff or facilities
 - e) Conducting business management and general administrative activities
 - f) Resolving grievances within our organization
 - g) Reviewing activities in the event that we sell or give control of our business or property to someone else
 - h) Complying with this Notice and with applicable laws.
4. **We may disclose PHI** when it is:
 - a) Required by law, for public health activities or for law enforcement purposes
 - b) Related to victims of abuse, neglect or domestic violence
 - c) Needed for health oversight activities
 - d) Related to decedents to avert a serious threat to health or safety
 - e) Related to specialized government functions
 - f) Related to correctional institutions and in other law enforcement custodial situations.

5. **We may share PHI** about you with a family member, relative, friend or other person identified by you who is directly related to that person's involvement in your care or payment for your care to notify such individuals of your location, general condition or death.
6. **We may share PHI** about you with a public or private agency (for example, American Red Cross) for disaster relief purposes if necessary for the emergency circumstances.
7. **We may use or disclose PHI** to contact you so that we can provide a reminder to you about an appointment you have for treatment or medical care.
8. **We may use or disclose PHI** to manage or to coordinate your health care with information about treatment, services, products or health care providers. This may include telling you about those treatments, services, products or other health care providers. We may also use or disclose PHI to give you gifts of a small value.
9. **Under any circumstances** other than those listed above, we will ask for your written authorization before we use or disclose PHI about you. If you sign a written authorization allowing us to disclose PHI about you in a specific situation, you can later cancel your authorization in writing. If you cancel your authorization in writing, we will not disclose PHI about you after we receive your cancellation, except for disclosures that were being processed before we received your cancellation.

C. YOU HAVE SEVERAL RIGHTS REGARDING YOUR "PHI"

1. **You have the right** to request that we restrict the use and disclosure of PHI about you. We are not required to adhere to your requested restrictions. Even when we have agreed to your request, your restrictions may not be followed in certain situations. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services and uses and disclosures described in Subsection 4 of the previous section of this Notice. You may request a restriction by notifying THERAPY 2000 in writing.
2. **You have the right** to request how and where we contact you about PHI. For example, you may request that we do not contact you at your work. We must accommodate reasonable requests. You must submit those alternative communication requests to us in writing.
3. **You have the right** to request seeing and receiving a copy of PHI contained in clinical, billing and other records used to make decisions about you. Your request must be in writing. We may charge you related fees and there are certain situations in which we are not required to comply with your request.
4. **You have the right** to request that we make amendments to clinical, billing and other records used to make decisions about you. Your request must be in writing and must explain your reason(s) for the amendment. We may deny your request if:
 - a) The information was not created by us (unless you prove the creator of the information is no longer available to amend the record)
 - b) The information is not part of the records used to make decisions about you
 - c) We believe the information is correct and complete
 - d) You do not have the right to see and copy the record.

5. **You have the right** to receive a written list of our disclosures of PHI about you. You may ask for disclosures made up to six (6) years before your request (not including disclosures made prior to April 14, 2003). We are required to provide a listing of all disclosures except the following:
- a) For your treatment
 - b) For billing and collection of payment for your treatment
 - c) For our health care operations
 - d) Made to or requested by you, or that you authorized
 - e) Occurring as a by-product of permitted uses and disclosures
 - f) Made to individuals involved in your care for directory or notification purposes or for other purposes described in Subsection B5 above
 - g) Allowed by law when the use or disclosure relates to certain specialized government functions or relates to correctional institutions and in other law enforcement custodial situations (please see Subsection B4 above)
 - h) As part of a limited set of information which does not contain certain information which would identify you.

You may request a listing of disclosures by notifying THERAPY 2000 in writing. You have the right to request a paper copy of this Notice at any time.

D. YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you think we have violated your privacy rights, or you want to complain to us about our privacy practices, follow the guidelines listed under GRIEVANCE PROCEDURE in this packet.

We reserve the right to change the terms of this No-

tice. All revisions will be posted at our offices and on our website at www.T2000.com. We will also make copies available on request.

NOTICE OF PATIENT NON-DISCRIMINATION POLICY

THERAPY 2000, in compliance with Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973, does not discriminate in its admission policy with regard to age, race, color, sex, sexual orientation, national origin, mental or physical handicap or religion. There is no distinction in patient services provided by the Agency. Medical records, services and physical facilities provided by the agency are available to the patients without distinction or condition. All persons or organizations having occasion either to refer patients for admission or to recommend THERAPY 2000 are advised to do so without discrimination as referenced above.

NON-DISCRIMINATORY EMPLOYEE POLICY

THERAPY 2000 is an equal opportunity employer. All applicants and employees are regarded equally without regard to age, race, color, sex, sexual orientation, national origin, mental or physical handicap or religion.

DRUG TESTING

THERAPY 2000 seeks to provide a safe and drug-free environment for employees and clients. We do not tolerate any use of illegal drugs, non-prescribed drugs or alcohol during work hours. If there is reason to suspect that an employee is working while under the influence of an illegal drug or alcohol, the employee will be requested to submit to a drug or alcohol test. The employee will be suspended without pay until the results of a laboratory drug or alcohol test are made available to the Agency.

THERAPY 2000

Disaster Planning Guide

THERAPY 2000 has prepared the following guidelines to assist you in maintaining optimal safety and care during a natural disaster (tornado, flood, ice storm or environmental accident).

WHAT TO DO NOW

Read this guide carefully.

Decide now where you plan to go if you are ordered to evacuate. You may leave the area to stay with friends or family who live in a safe area, go to a hotel or motel in a safe area or go to a Red Cross public shelter.

Check your emergency supplies.

Register now if you will need assistance during an evacuation. You may register by calling 911 and asking for the number to call for your area's special needs transportation registry. After providing your ZIP code you will be given the number of your local police substation by the 911 operator. Confirm that you have an emergency contact on record with THERAPY 2000. This name and number must be in addition to the primary contact person's name and the home phone number.

IN THE EVENT OF DANGEROUS WEATHER APPROACHING

Listen for weather updates. Floods, tornadoes and ice storms are often unpredictable, so keep informed. Tune in to local television programming and local radio stations to keep abreast of any changes.

Have your car ready. Check the gas, oil and water.

Put together your emergency survival kit. We recommend that you and your family have the following available in your home at all times in case of weather emergency or disasters such as hail storms, tornadoes, flash floods, fires or snow or ice storms.

- Fire extinguishers
- Smoke and carbon monoxide detectors
- First aid kit
- Battery powered radio (NOAA Weather Radio

and or portable radio to receive emergency Information)

- Flashlights and extra batteries
- Non-perishable food (high energy items such as dried fruit and candy and food requiring no cooking or refrigeration)
- Bottled water
- Extra medication (2-3 day's worth) and baby items
- Heating fuel, extra wood
- Emergency heating source such as a fireplace, wood stove, space heater, etc.
- Candles and matches
- If an emergency heating source is to be used, make certain there is adequate ventilation and that no flammable materials are in close proximity to heating source.

Refill prescriptions. Try to obtain at least a two-week supply of all necessary prescriptions.

Plan for pets. Pets are not allowed in shelters. If you need to make arrangements for your pet, contact your veterinarian, local SPCA or Humane Society.

Clear your yard of loose objects. Have a neighbor, friend or family member assist you with securing your lawn furniture, trash cans, etc., if high winds are anticipated.

IF YOU EVACUATE, YOU SHOULD

If evacuating please contact THERAPY 2000 to notify us of your departure and return dates as well as intended destination and alternate contact number if necessary.

Basic Emergency Supply Kit:

- One gallon of water per person per day for at least three days
- Medical Supplies and immediate equipment needs
- Food (at least a three-day supply of non-perishable food for each person)
- Can opener for food
- Battery-powered/hand-crank radio and/or NOAA Weather Radio to receive emergency information (Store extra batteries in a Ziploc bag outside of

- radio until needed)
- Flashlight (extra batteries stored separately in a Ziploc bag)
- First aid kit
- Whistle to signal for help
- Dust mask, to help filter contaminated air
- Plastic sheeting and duct tape to create temporary shelter if needed
- Moist towelettes
- Garbage bags and plastic ties for personal sanitation
- Wrench or pliers to turn off utilities
- Local maps
- Prescription medications and glasses
- Infant formula and diapers
- Pet food and extra water for your pet
- Important family documents such as copies of insurance policies,
- Identification and bank account records in a waterproof, portable container
- Cash or traveler's checks and change
- Sleeping bag or warm blanket for each person.
- Complete change of clothing including a long sleeved shirt, long pants and sturdy shoes for each family member.
- Household chlorine bleach and medicine dropper. When diluted nine parts water to one part bleach, bleach can be used as a disinfectant. Or in an emergency, you can use it to treat water by using 16 drops of regular household liquid bleach per gallon of water. Do not use scented, color safe or bleaches with added cleaners.
- Fire Extinguisher
- Matches in a waterproof container
- Feminine supplies and personal hygiene items
- Mess kits, paper cups, plates and plastic utensils, paper towels
- Paper and pencil
- Books, games, puzzles or other activities for children
- Prescription medications and glasses
- Emergency reference material such as a first aid book or information from www.ready.gov

Turn off electricity and water. If you are unable to turn off the electricity or water to your home, contact

the appropriate utility departments and request their assistance.

Shut off gas at the main valve. If you have a valve on your gas tank, it may be turned off there. Turn off the gas at the appliances if it is not provided from a storage tank. If you are unable to turn off the gas to your home, contact the appropriate gas company and request their assistance.

Take important papers with you. Take identification that includes your local address with you (driver's license, insurance or Medicare card, home insurance policies, insurance claim forms).

Take small valuables with you. Take any small valuables with you such as cameras, jewelry, etc.

Notify THERAPY 2000, as well as friends and relatives, of where you will be. THERAPY 2000's 24 hour telephone number is 214-467-9787 or 1-877-626-7003.

During the disaster, THERAPY 2000 will attempt to contact you regarding disaster plans made on your behalf. Services will be interrupted until the area is free from danger and approved for entry by authorities.

TORNADO SAFETY RULES

If you see or hear a tornado, take the following safety precautions:

1. Seek inside shelter immediately.
2. Protect your head and eyes, lie flat and make as small a target as possible.
3. If you have a portable radio, take it with you.

Homes. Get away from windows, doors and outside walls. Go to the first floor bathroom, closet or room at the center of the house. If possible, get under heavy furniture or cover your head with blankets, pillows or a mattress.

Apartment buildings or residential centers. Go immediately to a designated shelter area, an interior hallway or small room on the lowest floor. Stay away

from windows.

Mobile homes. Mobile homes should be abandoned immediately. If there is no reinforced building nearby, take cover in a ditch or depression outside.

FLOOD SAFETY RULES

In the event of impending floods, take the following safety measures:

Find high ground. Know where high ground is in your area and make arrangements to evacuate as soon as possible.

Unplug all electrical appliances. Make sure to do this prior to evacuating because of flooding. Do not unplug items if standing in water or in a wet area. Place medical supplies in plastic bags to prevent water contamination,

Do not consume food or liquids that have come in contact with flood waters.

ICE BLIZZARD SAFETY RULES

In the event of an impending ice storm, take the following safety precautions:

Keep and ample supply of warm blankets, clothing and linens available in the event you experience a power or gas shortage.

Shut off heat to unused areas of your home to conserve energy for the area to which you are confined.

Assure adequate ventilation, especially when space heaters are being utilized.

Conserve your personal energy, especially if you have a cardiac or respiratory disorder, since cold weather can add additional strain on your body.

AFTER THE DISASTER

If you are injured, call 911 if phones are accessible and you are able. If not, lie as still as possible, try to stop any profuse bleeding with direct pressure, call out for help. Remember to listen for responses. Try to conserve your energy if you are seriously injured.

If leaving the inside of your home after a disaster, be very alert. Observe for fallen electrical lines, fallen utility poles and trees, uncovered sewer drains and manholes, broken water mains and gas lines. It is better not to leave your immediate area unless your home presents immediate danger to you. Await approval from the appropriate authorities before leaving your home.

As soon as possible, notify your family, friends and THERAPY 2000 of your status and where you will be staying. THERAPY 2000 will also be contacting you, if possible, immediately after the occurrence.

Home care services will be resumed as soon as the area is free from immediate danger, and as soon as health care workers can safely reach you.

EMERGENCY TRANSPORTATION

Special Needs-Transportation Registry: Call 911 (The best planning includes calling now for pre-registration if you will need evacuation assistance during a disaster.)

ANIMALS AND PETS

American Red Cross Animal Safety:
<http://tinyurl.com/RedCrossPetSafety>

HELPFUL WEBSITES

FEMA—Federal Emergency Management Agency:
Individuals With Special Needs

<http://www.fema.gov/plan/prepare/specialplans.shtm>

The Centers for Disease Control and Prevention: Emergency Preparedness <http://emergency.cdc.gov>

Ready.gov <http://www.ready.gov/>

RED CROSS SERVICE AREAS

Dallas County
Red Cross

Dallas Red Cross
Tel: 214-678-4800
877-505-4800 (toll-free)
Fax: 214-678-4801

Corsicana Branch
Tel: 903-874-4551
Fax: 903-874-5172

Denton Branch
Tel: 972-219-4860
Fax: 940-384-0880

Greenville Branch
Tel: 903-455-7932
Fax: 903-454-1459

McKinney Branch
Tel: 972-562-0601
Fax: 972-562-3272

Terrell Branch
Tel: 972-563-1030
Fax: 972-563-2030

Tarrant County
Red Cross

Chisholm Trail
Chapter Headquarters
Tel: 817-335-9137
Fax: 817-336-8516

Johnson County
Branch
Tel: 817-558-1012
Fax: 817-558-2329

Parker County Branch
Tel: 817-341-4516

Big Country
Regional Office
Tel: 325-677-2622

Concho Valley Area
Office
Tel: 325-658-4409
Fax: 325-658-4517

www.redcross.org

DEVELOPMENTAL MILESTONES

This is “typical development.” Variations are common.

THE EARLY YEARS – 0 TO 4 YEARS

AGE	MOTOR	SENSORY / THINKING	LANGUAGE / SOCIAL
3 months	<ul style="list-style-type: none"> - Lifts head & shoulders while on stomach - Turns head side to side while on stomach - Follow moving toys/faces with eyes - Grasps - Wiggles, kicks with arms and legs 	<ul style="list-style-type: none"> - Turn head toward voices, bright colors & lights - Recognize bottle / breast - Respond to your shaking a rattle or bell 	<ul style="list-style-type: none"> - Make cooing, gurgling sounds - Smile back at parents or family members - Cry when hungry, scared, or feeling discomfort
6 months	<ul style="list-style-type: none"> - Reaches for and picks up objects - Play with toes - Helps hold bottle during feedings - Rolls over - Sits with little support - Bounces when held in standing position 	<ul style="list-style-type: none"> - Opens mouth for the spoon - Imitate familiar actions you perform 	<ul style="list-style-type: none"> - Babble - Know familiar faces - Laughs and squeals - Screams when upset - Smiles at him/herself in the mirror
9 months	<ul style="list-style-type: none"> - Reaches for small things - Moves toys from one hand to the other hand - Sits unassisted - Pulls self to stand or walk by holding onto furniture 	<ul style="list-style-type: none"> - Same as 6 months 	<ul style="list-style-type: none"> - Copy sounds or gestures
12 months	<ul style="list-style-type: none"> - Drinks from cup with help - Feeds self finger foods (raisins) - Grasps small objects - Crawls on hands and knees - Stands alone and takes steps 	<ul style="list-style-type: none"> - Copy sounds & actions you make - Respond to music with body motion 	<ul style="list-style-type: none"> - Babbles, as if talking - Says first word - Recognizes familiar names - Tries to “talk” with you - Raises arms to be picked up
18 months	<ul style="list-style-type: none"> - Likes to pull, push, and dump things - Pulls off hat, socks, and mittens - Turn pages in a book - Carry a stuffed animal or doll - Walk without help 	<ul style="list-style-type: none"> - Identify object in picture book - Laugh at silly actions - Put a round lid on a round pot 	<ul style="list-style-type: none"> - Says 8-10 words you can understand - Asks specifically for mother or father - Uses “hi”, “Bye”, and “please” - Protests - Asks for something by pointing or using one word - Become anxious when separated from parent
24 months	<ul style="list-style-type: none"> - Drinks from a straw - Feed him/herself with a spoon - Bends over to pick up a toy and not fall - Runs short distances without falling 	<ul style="list-style-type: none"> - Likes to take things apart - Explores surroundings - Point to 5-6 parts of a doll when asked 	<ul style="list-style-type: none"> - Uses 2-3 word sentences - Says names of toys and people - Points to hair, eyes, and nose when asked - Temper tantrums - Takes turns playing with other kids
36 months	<ul style="list-style-type: none"> - Puts clothes on by him/herself - Walks up steps, alternating feet - Jumps in place 	<ul style="list-style-type: none"> - Matches circles and squares - Avoid some dangers, like a hot stove 	<ul style="list-style-type: none"> - Answers simple questions - Likes to play with other children - Repeats simple songs - Uses 3-5 word sentences - Talks about feelings
4 years	<ul style="list-style-type: none"> - Holds a marker - Tries to cut paper with blunt scissors - Brushes teeth with help - Uses the bathroom alone - Catches a bouncing ball 	<ul style="list-style-type: none"> - Understands taking turns - Wants to know what will happen next - Distinguish between real and pretend 	<ul style="list-style-type: none"> - Large vocabulary and good grammar - Asks direct questions - Wants to know how and why - Prefers playing with other children



THERAPY 2000
2535 Lone Star Drive
Dallas, TX 75212

214-467-9787
or toll free 877-626-7003
www.T2000.com