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Office Hours
9:00 am - 4:00 pm M-F

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OUR CARE PHILOSOPHY

Premier Pediatric Therapy is a home health agency licensed by the state of Texas and dedicated to providing exceptional therapy service to the pediatric population. Our goal is to incorporate a caring attitude, family goals, community resources, and the skills of well-trained therapists to achieve maximum functional developmental.

Call your therapist immediately at Premier Pediatric Therapy at (832) 539-1632 if:

- Your child has any unusual side effects from the therapy
- You need to reschedule therapy
- Your doctor stops or interrupts your therapy
- Your child is admitted to the hospital.
- Any change in your address or telephone number
- Any change in your insurance or Medicaid provider
- Any problems or disagreements with your therapist

HOME AND COMMUNITY SUPPORT SERVICES PROVIDED

Physical Therapy

- Physical therapy services are performed through contractual therapists meeting our high standards and under the Agency Supervision. A licensed physical therapist or a certified physical therapy assistant under the supervision of a physical therapist provides therapy services. These services are offered for ambulation training, use of equipment and prostheses and increased mobility.

Occupational Therapy

- A licensed occupational therapist or a certified occupational therapy assistant under the supervision of a licensed occupational therapist works to improve upper body mobility, activities of daily living (ADL's) including: feeding and swallowing skills and equipment management to achieve maximum functional independence.

Speech Therapy

- Speech therapists are licensed by the state and certified nationally. Speech therapists offer improvement in communication skills and feeding/swallowing issues.

Insurance Coordination

- Your insurance company has been contacted to arrange insurance coverage for your child's therapy. Premier Pediatric Therapy makes every effort to cooperate with insurers, file claims in keeping with their requests, provides documentation for services and generally seeks to simplify the financial responsibilities for your child's therapy.

Non-Discrimination

- Pursuant to Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, our agency does not discriminate in the provision of services or in employment on the basis of age, race, color, marital status, religion creed, sex, veteran or military status, national origin, physical and mental handicap or any other legally protected category.

Complaint Resolution

- Questions or complaints against the Agency may be directed to:
 - Taylor J Kovar, CEO, at (832) 539-1632 and/or
 - Texas Department of Aging and Disability Services at (800) 458-9858 and/or
 - Texas Department of Insurance at (800) 252-3439
- The above numbers answered 24 hours a day, 7 days a week. After regular business hours, leave a message on the telephone answering service and a representative will return your call the next business day.
- The Administrator will contact you to discuss the nature of your concerns and every effort will be made to resolve the issue. If the administrator is not able to resolve your issue, or if you have a problem regarding the implementation of the advanced directive requirements, you may also contact the state health department by writing to:
 - Texas Department of Aging and Disability Services Home and Community Support Services at PO Box 149030 Austin, TX 78714 and/or
 - Texas Department of Insurance at PO Box 149091 Austin, TX 78714-9091
- Complaints to the agency will be reviewed within 3 business days and resolved within 30 days of receipt of the complaint.

Reporting of Abuse/Neglect or Exploitation.

- Premier Pediatric Therapy is required by law to report any suspected abuse, neglect, or exploitation of which its employees/contractors become aware. The entire detailed policy is available upon request.

Drug Testing of Employees

- It is the policy of Premier Pediatric Therapy that if/when an employee is suspected of drug or alcohol use, the employee will be drug tested.

Confidentiality

- Premier Pediatric Therapy is committed to maintain the confidentiality of the information we obtain about you or your child in the course of providing therapy services. We will share information about your child with other providers of therapy or medical services as needed and with the entities who pay for that care. Any other information requested will not be released unless we obtain your signature to do so. The entire detailed policy is available upon request.

WHAT TO EXPECT

Schedule

- The therapist should establish a regular schedule with you so you know when to expect him/her. Both you and the therapist are expected to comply with that schedule. Should this present a problem, you are expected to call the therapist at least one hour before the scheduled treatment and either reschedule or cancel the visit. You should receive the same consideration from your therapist.

Home Exercise Program

- Your therapist will teach you to continue your child's therapy on the days the therapist is not there. It is very important that you are diligent in providing that therapy. Just like learning to play the piano, it takes daily practice to improve your skills.

Therapist Responsibilities

- The therapist is there to provide intense therapy in a limited time for your child. Other children should be kept from interrupting that work time. The therapist should be provided with a pleasant clutter free area in which to work with your child.

Accurate Billing

- Premier Pediatric Therapy is committed to accurate billing. You will be asked to sign the therapist's time sheet, which verifies the time the therapist was there. Falsification of this information may result in the loss of your child's therapy services.

Multiple Providers

- You have the right to obtain different services from different providers. For example, you may be receiving PT from Premier Pediatric Therapy while you are receiving ST from another agency or provider. However, you may not receive the same service from different providers at the same time. Your child may receive private therapy and school-based therapy at the same time.

Communication with Premier Pediatric Therapy

- It is necessary for you to have access to a telephone at all times and for Premier Pediatric Therapy to have your current, correct phone numbers in order to coordinate your child's therapy services, obtain information to update authorizations, and in case of emergency.

Supervision of Services

- Therapy services are supervised in several ways. You are our eyes and ears in the home and we will request information from you periodically to assess the care provided. Also, you should call us if you have any questions about the therapy provided. Therapy assistants are supervised on a regular basis by their supervising licensed therapists. Occasionally another therapist will co-treat with your licensed therapist if there is a problem.
- In addition, the therapist's daily notes and monthly progress notes, evaluations and recommendations are monitored by supervisory staff in the office and reviewed by your child's physician.

DISASTER PLAN

In the event of a disaster such as a hurricane, flood, ice storm, explosions or hostile actions, where therapy services are interrupted due to disrupted transportation routes or power failure, it is the policy of Premier Pediatric Therapy to place services on hold until therapy can be safely resumed. This will be done on an individual basis as the therapist contacts each client and is able to resume service.

If there is a warning about impending disaster, the agency or a representative of the agency will attempt to contact each family to inquire about their plans to evacuate or not. In the admission process, general information is given to each family regarding their safety. Information is also collected from the family about plans each family may have in the event of a disaster, including other contact numbers that the agency may need for the family.

It is recommended that you contact 211 if you have a special needs family member and make arrangements for evacuation if necessary. This should be scheduled in advance of a disaster.

Premier Pediatric Therapy will not be responsible for transfer or evacuation of patients.

ADVANCE DIRECTIVES: Directive to Physicians and Family or Surrogates

Premier Pediatric Therapy will provide its patients over the age of 18 years an explanation of the patient's rights under state and federal law to make decisions to accept or refuse medical care. When such instructions comply with state law, the agency will follow the wishes concerning medical treatments. If such instructions are in conflict with either agency policy or physician code of ethics or conscience, a patient can be transferred to another health care provider who will comply with personal wishes.

An advance directive is an important legal document designed to help you communicate your wishes about medical treatment, or that of your child, at some time in the future when you are unable to make your wishes known because of illness or injury. These wishes are usually based on your personal values. In particular, you may want to consider what burdens or hardships of treatment you would be willing to accept for a particular amount of benefit obtained if you or your child is seriously ill.

You are encouraged to discuss your values and wishes with your family as well as your physician. Your physician, other health care provider, or medical institution may provide you with various resources to assist you in completing your advance directive.

Texas law also provides two other types of directive assistance that can be important during a serious illness. These are the Medical Power of Attorney and the Out-of-Hospital-Do-Not-Resuscitate Order.

The Medical Power of Attorney allows someone that you designate to make any and all health care decisions for you if you become unable to make your own decisions. Your physician certifies this in writing.

Out-of-Hospital-Do-Not-Resuscitate Order is a special form for patients receiving Home Health services that informs emergency personnel, hospitals and other caregivers that you are refusing certain lifesaving treatments as identified on the form. This is usually signed by your physician as well as yourself and a witness.

If you have signed any of these documents, you should:

1. Identify the specific care and treatment you are refusing.
2. Provide a copy to your physician, usual hospital, home health provider, and family.
3. Review the documents periodically to be sure the directive reflects your wishes.

Premier Pediatric Therapy has forms available for each of these directives for your review. You may wish to discuss these with your physician, family, attorney, or other advisors. You may also wish to complete a directive related to the donation of organs and tissues.

If you would like to have any of the forms needed to complete these procedures, they are available from Premier Pediatric Therapy or your physician.

Premier Pediatric Therapy does not participate in end of life care.

PATIENT BILL OF RIGHTS

CLIENTS AND THEIR LEGAL GUARDIANS OR PARENTS HAVE THE RIGHT:

1. To be informed in advance of the care to be furnished, the plan of care, the expected outcomes, barriers to treatment and any changes in the care to be furnished.
2. To participate in the planning of the care or treatment and in planning changes in the care or treatment.
3. To be advised or consulted with, in advance of any change in the plan of care.
4. To refuse care and services.
5. To be informed before care is initiated to the extent of which payment may be expected from the client, third-party payers, and any other source of funding known to the agency.
6. To have assistance in understanding and exercising their rights.
7. To exercise their rights as a client of Premier Pediatric Therapy.
8. To have their person and property treated with consideration, respect and full recognition of their individuality and personal needs.
9. To confidential treatment of their personal and medical records except as authorized by them.
10. To voice grievances regarding treatment or care that is, or fails to be, furnished or regarding the lack of respect for property by anyone furnishing services on behalf of the agency without fear of discrimination or reprisal for doing so.
11. To have their rights as a minor (under age 18) exercised by the person lawfully appointed by law to act on their behalf such as a parent or guardian.
12. Any legal representative may exercise their rights.
13. To notify the Texas Department of Aging and Disability Services of unresolved complaints or grievances, by writing to: DADS Consumer Rights and Services Division, P.O. Box 149030, Austin, TX 78714-9030 or toll free at 1-800-458-9858; and / or Texas Department of Insurance, P.O. Box 149091 Austin, TX 78714-9091 or toll free at 1-800-252-3439.

PREMIER PEDIATRIC THERAPY RESPONSIBILITIES

1. Provide prompt and courteous client services.
2. Inform client's parent or legal caregiver of changes in care plans and include them in decision making regarding changes.
3. Educate caregivers in the use of equipment or supplies and to monitor caregivers use of equipment.
4. Provide 24-hour access to a registered therapist or nurse.
5. Maintain any equipment provided by PPT and repair or replace as necessary.
6. Provide an ongoing quality assurance and improvement program.
7. Provide services consistent with the standards set forth in the Client Bill of Rights and all applicable state and federal regulations governing the provision of licensed home health.
8. Report suspicion of abuse, neglect, or exploitation to the appropriate authorities according to state laws and regulations.
9. Deliver planned, goal oriented, age specific, and developmentally appropriate care to all clients.
10. Provide accurate billing for services rendered.

CLIENT AND THEIR LEGAL GUARDIANS OR PARENTS CONDUCT AND RESPONSIBILITIES

1. Provide accurate and complete information about your child's illness, hospitalizations, medications, allergies, treatments, other services he/she is receiving, and any other pertinent health and developmental information.
2. Assist in developing and maintaining a safe environment for your child and your therapist.
3. Participate in the development and implementation of your child's plan of care.
4. Follow your child's Home Exercise Plan consistently.
5. Notify the therapist and/or agency at least one hour before a scheduled visit, if you cannot be available for a scheduled therapy visit.
6. Communicate any concerns or problems to the Agency supervisory staff.
7. Request further information concerning anything regarding your child's therapy that you do not understand.
8. Notify the agency immediately of any change in your insurance plan or Medicaid program.
9. Sign therapist's daily notes, certifying the time the therapist provided care. Falsification of this information may cause you to lose your therapy services and/or Medicaid.
10. Treat agency staff with dignity and respect.

IDENTIFYING AND REPORTING POSSIBLE ABUSE/NEGLECT/EXPLOITATION

PROCEDURE: If it is determined that there is a possibility of Abuse, Neglect, or Exploitation, the Administrator immediately notifies:

1. The Texas Department of Family and Protective Services (TDFPS) at 1-800-252-5400 (24-hour abuse hotline), (a call id # will be assigned to the case).
2. The Texas Department of Aging and Disability Services at 1-800-458-9858 (Give DADS the call id # from TDFPS).
3. The client's physician.
4. The Administrator will submit a written report of the ANE investigation to the DADS state office, no later than the tenth day after reporting the acts to DADS and the department of Family and Protective services.

INDICATORS (SIGNS AND SYMPTOMS) OF ABUSE, NEGLECT OR EXPLOITATION

1. INJURIES

- a. Bruises and/or welts
- b. Bilateral bruising: top and both shoulders, both sides of face, or inside both thighs.
- c. Bruises on several different surface areas: bruises reportedly due to bumping bed rail, while bruises are also present on the head, inside thighs or buttocks.
- d. Bruises in various stages of healing: fresh and faded bruises present.
- e. Multiple bruises, or bruises forming patterns or clusters: bruising on top of forearms of both arms to elbow.
- f. Bruise has the shape and size of a familiar object: hand print with finger marks, electric cord, and belt buckle.
- g. Bruises regularly appear: after stress on family, worker visits, or on weekends.

2. BURN

- a. Scalding burns: skin blistering from hot water, extent of burns do not fit with explanation of burns.
- b. Small burns in shape of cigarette or cigar, especially on soles of feet, palms, and buttocks.
- c. Burns the shape and size of a familiar object: iron, electric burner, or curling iron.

3. ABRASIONS

- a. Marks from rope or other restraints, especially on arms, legs, or torso.
- b. Cuts, lacerations, punctures, or wounds.
- c. Sprains, dislocations, fractures, or broken bones.

4. INTERNAL INJURIES

- a. Unexplained reported pain
- b. Difficulty with normal functioning of organs
- c. Bleeding from body orifices

5. SEXUAL ABUSE

- a. Genital pain or itching
- b. Vaginal or anal irritation
- c. Bleeding or bruises in external genitalia, vaginal, or anal areas
- d. Torn, stained, or bloody underclothing

6. VICTIM CONDITIONS

- a. Evidence of poor hygiene: matted or lice infested hair, soiled clothing, odors or presence of feces or urine, dirty nails or skin.
- b. Unclothed or improperly clothed for weather
- c. Decubiti: bedsores, skin rashes related to unchanged bed, or urine-soaked linens.
- d. Untreated medical or mental conditions: infection, soiled bandages, or unattended fractures.
- e. Medication mismanagement: over medication or medications not given.
- f. Lack of needed eyeglasses, hearing aide, wheelchair, or braces.
- g. Dehydration indicated by: low or nonexistent intake of fluids, low urinary output, dry fragile skin, dry sore mouth, constipation, apathy or lack of energy, and mental confusion.
- h. Malnourishment indicated by: low sporadic or nonexistent intake of food, apathy, confusion, or edema.

7. LIVING CONDITIONS

- a. No toilet or commode
- b. Inadequate food storage
- c. Inadequate food
- d. Water unpalatable, unavailable
- e. Inadequate heating or heating source dangerous
- f. Inadequate ventilation or cooling
- g. Inadequate lighting, no electricity
- h. Animal or insect infestation: rats, fleas
- i. Crowded living space: patient sleeping on sofa, in kitchen, or living room.
- j. Housing structurally unsafe
- k. Fire hazard: faulty wiring or cluttered space that inhibits patient from leaving house easily.
- l. Inadequate sanitation or substandard cleanliness
- m. Architectural barriers

NOTICE OF PRIVACY PRACTICES FOR PREMIER PEDIATRIC THERAPY

(Referred to in this document as “the Provider”)

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

- A. Treatment Purposes: We may use or disclose your health information for treatment purposes. While you are a patient at our organization, we may find it necessary to share your health information with: physicians, nurses, lab and radiology technicians, and others involved in your care. We may also share your health information with other healthcare organizations that may participate in your care and treatment, such as a hospital where you may be transferred.
- B. Payment Purposes: Your health information may be used or disclosed without your consent for payment purposes. It may be necessary for us to disclose your health information so that we may bill and collect from you, your insurance company or other party responsible for payment for the treatment and services provided.
- C. Health Care Operations: Your health information may be used for organizational operations that are necessary to ensure that we provide the highest quality of care. For example, your health information may be used for performance improvement purposes.
- D. Law Enforcement: Your health information may be disclosed to law enforcement agencies. May be given without your permission, to support government audits and inspections, to facilitate law-enforcement investigators, and to comply with government mandated reporting.
- E. Public Health: As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling diseases, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administrator (FDA) problems with products and reactions to medications, and reporting disease or infection exposure.
- F. Information about treatment: Your health information may be used to send you information on the treatment and management of your medical condition that you may find to be of interest. We may also send you information describing other health-related goods and services that we believe may interest you.
- G. Duties: We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

OTHER USES OF YOUR HEALTH INFORMATION

- In any other situation not covered by this Notice as noted above, we will ask for your written authorization before using or disclosing information about you. If you choose to authorize disclosure of information about you, you can later revoke that authorization at any time by notifying us in writing of your decision.

INDIVIDUAL RIGHTS

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communication concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to receive an accounting of how and to whom your protected health information is being disclosed.
- The right to amend or submit corrections to your protected health information.
- The right to receive a printed copy of this notice.

RIGHT TO REVISE PRIVACY PRACTICES

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice via mail. The revised policies and practices will be applied to all protected health information that we maintain.

REQUESTS TO INSPECT PROTECTED HEALTH INFORMATION

As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the Administrator who is the Agency HIPPA Compliance Officer.

PROHIBITION ON SOLICITATION

POLICY

The agency will abide by the Occupations Code Chapter 102 which prohibits the agency and its employees and contractors from soliciting patients of patronage.

PURPOSE

To ensure compliance with Federal and State Rules and Regulations and Occupations Code Chapter 102- Solicitation of Patients.

PROCEDURE

- (a) A person commits an offense if the person knowingly offers to pay or agrees to accept, directly or indirectly, overtly or covertly a remuneration in cash or in kind to or from another securing or soliciting a patient or patronage for or from a person licensed, certified, or registered by a state health care regulatory agency.
- (b) Except as provided by subsection (c), an offense under this section is a class A misdemeanor.
- (c) An offense under this section is a felony of the third degree if it is shown on the trial of the offense of that person:
 - i. Has previously been convicted of an offense under this section
 - OR
 - ii. Was employed by a federal, state, or local government at the time of the offense.

TRANSPORTATION INFORMATION FOR EVACUATION OF SPECIAL NEED INDIVIDUALS

NOTE

- Every effort should be made by an individual with special needs or their family member to identify appropriate transportation in the event of an evacuation.
- If special transportation is needed, such as an ambulance, please make arrangements with the ambulance company well in advance.
- Public transportation should be accessed by those special needs individuals who are basically ambulatory.
- Evacuate early, prior to general evacuation, if possible!
- When two or more, family members/friends are evacuating together in different vehicles, stay in the same traffic lanes at ALL times. Use cell phones or walkie-talkies to maintain communication between vehicles.
- Listen for public service announcements.

SHELTER SUGGESTIONS FOR THE SPECIAL NEEDS INDIVIDUAL

Leaving the area ahead of the formal called mandatory or voluntary evacuation is **STRONGLY** suggested for the special needs/medically fragile individual.

POINTS TO KEEP IN MIND

1. Talk with your health care agency to see if they can provide any assistance in identifying possible shelters.
2. Stay with your family or friends in the shelter/hosting areas, if possible.
3. Prior arrangements for hotels or medical facilities are strongly suggested.
4. Relying on American Red Cross (ARC)/Salvation Army shelters is not suggested unless you can take care of yourself. Most general shelters are not setup at facilities that are equipped or comfortable for a special needs individual.
5. Listen for announcements of a Special Needs Shelter becoming available.
6. Bring your disaster supply list items with you. Make sure you have your medically related supplies and medications.
7. If on dialysis, know the locations of more than one dialysis center or other locations where life-sustaining equipment is available. Follow the directions given to you by the dialysis center.
8. If on chemotherapy, consult with your healthcare provider in advance, and make arrangements in another city to receive any necessary treatments.
9. Prepare in writing your medical history including the following items:
 - a. Summary of your medical history
 - b. List of past and current conditions or diagnoses
 - c. List allergies to medicine, food, and materials
 - d. Include your immunization record
 - e. Include names and phone numbers of your healthcare providers
 - f. Make copies of the history with your other important documents

HOME MEDICAL EQUIPMENT

Your emergency preparedness plan should include the following in regard to your home medical equipment:

- Know how to contact your medical equipment company. Put in writing: the name of the company, phone number, and contact persons.
- Keep a record of the model and/or serial numbers of all equipment.
- Make sure you have all of the supplies (and extra supplies) for your equipment in the event you have to leave your home, or if you are unable to leave your home for a period of time.
- Identify alternate sources of power, such as generators, A/C invertors, and local fire and EMS facilities.
- Identify and learn an alternate manual means of providing care, i.e. instead of a suction machine use a manual suction syringe.
- Contact local electrical company if you feel you may qualify as a life support customer

MEDICATION TIPS

- Make a list of all medicines, schedule and dosage
- Keep on hand 2-3 months of prescription medicines
- Carry your insurance card with other important papers
- Keep medicines safe and dry
- Refrigerate medications as needed
- When possible, use a national drugstore chain so medicines can be accessed from numerous locations
- Learn to refill prescriptions online for easy access

IMPORTANT NOTE TO PET OWNERS

- Please remember to make plans for your pet(s) when developing your disaster plan. Pets are just like family to most people and need a plan for transporting and sheltering during a disaster. Unfortunately, shelters that are open for general public usually will not allow pets to stay in the shelter.
- You may want to check with your local emergency management office and/or an animal shelter to see what resources are available in your city.

SERVICE ANIMALS

- Service animals that assist people with disabilities may be the only animals in Red Cross shelters.
- Service animals are generally allowed anywhere that the general public is allowed.

HURRICANE PREPAREDNESS

BEFORE A HURRICANE

When a hurricane WATCH is issued by the National Weather Service within 36 hours of hurricane conditions threatening the coastal area, you should do the following:

- Continue to monitor local TV or radio stations for instructions.
- Check supplies, especially water (at least 5 gallons per person).
- Fuel vehicles and generators.
- Cover windows with plywood.
- Bring in ALL outdoor furniture, toys, and tools.
- Moor any boats securely or move boats to a safe place.

When a hurricane WARNING is issued and hurricane winds of 74 miles per hour or higher or dangerously high water and rough seas are expected within 24 hours in this area, you should:

- Continue to monitor local TV and radio stations for instructions.
- Move out of low-lying areas or from the coast early at the request of officials.
- Check tie-downs if living in a mobile home. LEAVE IMMEDIATELY.
- Fill bathtubs and all available containers with extra water.
- Turn off utilities, if requested.
- Stay away from windows, doors, and openings.

DURING A HURRICANE

- Remain indoors in an interior hallway, bathroom, or closet on the lowest level of your house well away from windows.
- Cover yourself and family members with a mattress or seek shelter under something sturdy: such as a well-constructed dining room table which could protect you from possible debris.

AFTER A HURRICANE

- Beware of unsafe food and/or water. Boil tap water before drinking unless you are told it is unnecessary.
- Utilities should be off. Treat all downed lines as live wires and don't go near. If you smell gas, leave the area immediately and notify the proper authorities.
- Making temporary repairs. Without taking unnecessary risk, protect your property from further damage.
- Inform your insurance agent of any damage and leave word where you can be reached. Take pictures of damage.

FLOOD PREPAREDNESS

The most common type of all-natural hazards is flooding. Being prepared is a vital step toward protecting both lives and personal property. The following suggestions will help you develop your personal emergency plan for floods.

BEFORE A FLOOD

- Understand Flash Flood Watch and Warning terms.
 - Flash Flood Watch: Flooding is possible.
 - Flash Flood Warning: Flooding is occurring or is imminent.
- Determine if your property is in a flood-prone area.
- Purchase a tone-alert weather radio.
- Assemble a disaster supply kit to include a radio with extra batteries, flashlights, first aid kit, and food.
- Know how to shut off your utilities.
- Consider purchasing Flood Insurance.

DURING A FLOOD

- Listen to radio and TV stations for the most current information.
- Know what streams, bayous, drainage channels, and creeks are prone to flood in your immediate area.
- Secure your house before you evacuate.
- Avoid going near flood areas. The water depth is unknown.

AFTER A FLOOD

- Stay away from flood waters.
- Be aware of areas where flood waters have receded.
- Keep away from areas where power poles are down or where destruction of properties has occurred.
- Be alert to personal health and safety issues regarding your family's welfare.
- Continue monitoring your radio or the latest information.
- Contact your insurance agent as soon as possible.
- Do not drive into flooded streets. Water depth is unknown and the condition of the roadway is not certain.
- Know how and when to evacuate from your immediate area before it's too late.

TORNADO PREPAREDNESS

Tornadoes strike with little or no warning. Each family should develop a tornado plan and designate a safety shelter. Practice the plan you and your family developed.

BEFORE A TORNADO

- Know meaning of terms used to describe tornado threats:
 - Tornado Watch- tornadoes are possible
 - Tornado Warning- take shelter, tornado sighted
 - Severe Thunderstorm Watch- severe thunderstorms are possible
 - Severe Thunderstorm Warning- severe thunderstorms are occurring
- Purchase a NOAA Weather Radio, a battery-powered commercial radio, and extra batteries for each. Have emergency supplies on hand. Make an inventory list of your possessions. Keep important papers in safe deposit box.

DURING A TORNADO

- When a tornado is sighted, go to your shelter immediately; stay away from windows, doors, and outside walls.
- In a house or small building, go to the basement or an interior room on a lower level.
- In a school, nursing home, hospital, factory, or shopping center, go to predestinated shelter area or interior halls on lowest level.
- In a high-rise building, go to small interior room or hallway on lowest floor possible.
- Get under a sturdy piece of furniture: a table or desk.
- Use your arms to protect head and neck.
- In a mobile home, trailer, or vehicle, get out immediately and go to a substantial structure. A ditch, ravine, or culvert could be used if no structure is available. Do not attempt to out-drive a tornado.

AFTER A TORNADO

- Be aware of broken glass and downed power lines.
- Check for injuries. Move seriously injured persons only if in immediate danger or life is threatened.
- Use caution when entering a damaged building.

DISASTER PREPAREDNESS SUPPLY LIST & TIPS FOR THE SPECIAL NEEDS INDIVIDUAL

KNOWING WHAT TO DO PROTECTS YOU AND YOUR FAMILY

- LEARN about potential hazards and how to deal with them
- DEVELOP an Emergency Plan
- PRACTICE and maintain your emergency plan

FIND OUT WHAT KIND OF DISASTERS COULD AFFECT YOU

- Ask about the types of natural or technological (hazardous materials, major transportation accidents, etc.) disasters most likely to occur in your area. Request information on how to prepare for each occurrence.
- Ask about the Emergency Alert system (EAS). EAS broadcasts are activated by local authorities when there is an emergency.
- Pay close attention to these messages.
- Ask about animal care after a disaster. Animals may not be allowed inside emergency shelters. Only working dogs will be allowed to accompany a disabled person.
- Ask about special assistance for the elderly and disabled, if needed.
- Ask about evacuation and safe inland traffic routes.

MAKE A MEDICAL INFORMATION LIST

- Medical providers
- Medications you use
- Adaptive equipment, body support equipment
- Allergies and sensitivities
- Communications or cognitive difficulties
- Attach copies of health insurance cards
- Have an additional 14-day supply of medication available
- Have extra copies of prescriptions

PET DISASTER SUPPLIES KIT

In the event of a disaster, if you must evacuate, then the most effective thing you can do to protect your pets is to evacuate them too. Leaving your pets behind may result in them being lost, injured, or even worse. Identify locations for both you and/or your pets; consider hotels outside your immediate area, friends, relatives, boarding facilities, veterinarians, or animal shelters. Prepare a disaster supply kit for your pets that include:

- First aid kit and medications
- Sturdy leashes and collar/harnesses
- Carriers to transport pets safely with litter/pan
- Current photos
- Food, portable water, bowls, and a can opener
- Toys

Find out about the disaster plan at your place of employment, your children's school, day care center, and other places where families spend time.

DEVELOP A FAMILY EMERGENCY PLAN

- Discuss what your family should do for each type of disaster.
- Find the safe areas in your home to take shelter.
- Determine the best escape routes from your home and find two ways out of each room.
- Pick places to meet: choose location outside your house in case of a household emergency, such as fire, and outside your neighborhood in case you cannot return to your house.
- Pick local and out-of-town family check-in points for everyone to call if your family gets separated.
 - Make sure everyone knows the phone numbers.
- Discuss what to do in an emergency.
- Stock emergency supplies.
 - You should assemble enough supplies to support your needs for three days.

ASSEMBLE A DISASTER SUPPLIES KIT IN CASE OF EVACUATION

- FOOD: water, packaged or canned food, and manual can opener
- CLOTHES: change of clothes and socks, blankets/sleeping bags, and sturdy shoes
- MEDICAL: first aid kit, prescription medicines, and an extra pair of glasses
- SUPPLIES: battery powered radio, and flashlight with extra batteries
- MISC: extra set of car and house keys, cash, and credit cards

PREPARE AN EMERGENCY CAR KIT

- Include battery powered radio, flashlight, extra batteries, booster cables, tire repair kit/pump, fire extinguisher, blanket, first aid kit, bottled water, nonperishable high-energy food, and maps.
- Install safety features such as smoke detectors and fire extinguisher in your home.
- Learn basic safety measures such as CPR, first aid, and use of the fire extinguishers. How and when to turn off water, gas, and electricity at the main switches.
- Post emergency phone numbers by the telephone. Teach children how and when to call 911, Fire/Police/EMS.

PREPAREDNESS CHECKLIST

- 7-day supply of water – 1 gallon of water per person per day
- 7-day supply of non-perishable food per person and plan for any special dietary needs
- Manual can opener
- Flashlight/radio with extra batteries
- First-Aid kit
- 2-week supply of all your medication supplies: diapers/Depends, sanitary napkins, etc.
- Wheelchairs
- Necessary health equipment: oxygen, tubing, feeding supplies, as needed
- Personal identification/Health insurance information
- List of family physician and relative's phone numbers
- List of model/serial number of any medical devices/equipment
- Personal grooming items: toothbrush, toothpaste, deodorant, soap, towel, washcloth, comb
- Eye glasses, contacts, cases, solutions, hearing aids and batteries
- Bedding: pillow, blanket, sheets, sleeping bag, or egg crate mattress
- Chair: lawn chairs, chaise lounge, etc.
- Reading material: books, magazines
- Extra clothing
- Important papers/cash

TIPS FOR PERSONS WITH SPECIAL MEDICAL NEEDS

Members of your support, or “buddies,” can be: roommates, relatives, neighbors, friends, and co-workers should be part of your support system. They should be people you trust to determine if you need assistance. Your support system members should know your capabilities and needs, and be able to help in a matter of minutes.

CONDUCT A PERSONAL ASSESSMENT

- Personal Care
 - Do you need assistance with activities of daily living, such as bathing and grooming?
 - Do you use adaptive equipment to help get you dressed?
- Personal Care Equipment
 - Do you use a shower chair, tub transfer bench, or other similar equipment?
- Adaptive Feeding Devices
 - Do you use special utensils that help you prepare or eat food independently?
- Electricity Dependent Equipment
 - What equipment do you have that runs on electricity and how will you operate it if electrical service is disrupted?
- Transportation
 - Do you need a specially equipped vehicle or accessible transportation?
- Evacuating
 - Do you need assistance if you are requested to evacuate?

FIRE PREVENTION AND PROTECTION

Nothing is more devastating or deadly than a home fire. Frequently, fires occur at night when sleep delays prompt escape. Obviously, the best way to protect you and your family from a fire is to prevent a fire. Here is the fire prevention checklist to use in your home:

- No open flames around oxygen delivery systems
- No smoking in bed
- Fire extinguisher in the kitchen and workshop
- Electrical system safe and not overloaded
- Stove area kept free of grease or other flammable materials
- Rubbish and flammable materials kept in covered metal cans until disposed
- Candles used for atmosphere or other purposes, carefully extinguished
- Glass or electric room heaters turned off before retiring
- Woodwork within 18 inches of a furnace, stove or heater-protected by an insulating shield
- Stoves or heaters a safe distance from curtains or drapes
- Always use padded mittens on hot pans to prevent burns. Use two hands to lift pans that are heavy or bulky.

Escaping a home fire is not always easy, even for the family members who are not weak or incapacitated. Many victims are untouched by flames, but are choked by smoke or gases.

The National Safety Council has established the following guidelines, but naturally you must develop your own escape plan because every home situation is somewhat different.

- Draw a floor plan of your home. On the plan, lay out an escape route for each room on each floor. Have an alternate route where possible, especially for bedrooms, should the planned escape route be blocked by smoke or fire.
- Bedrooms of physically impaired individuals should have access to more than one exit route, a ground level window, or easy access to that room from a roof.
- Devise a plan to assist weak or disabled family members.
- Do not waste precious time gathering valuables or getting dressed. Simply get out!
- Keep the bedroom closed at night to delay the spread of both flames and deadly smoke and gases.
- Test for fire by touching the door knob. If it's warm or hot, leave the door closed and escape using another route.
- If unable to exit the room, stuff wet towels, or clothing into door cracks. Stay near a slightly opened window. In a room filled with smoke, cover nose and mouth with damp towel and get as low to the floor as possible.

POWER OUTAGE

If you need medical assistance during a power outage and our agency phone lines are down, please do the following:

- Call 911 or go to the nearest hospital emergency room.
- If it is not an emergency, but you still need assistance, call a neighbor or relative.
- Our agency will contact you as soon as possible.

LIGHTNING

- Inside a home: avoid bathtubs, water faucets, and sinks because metal pipes can conduct electricity.
- Stay away from windows.
- Avoid using the telephone, except for emergencies.
- If outside, do not stand underneath a natural lightning rod such as: a tall isolated tree in an open area.
- Get away from anything metal including: tractors, farm equipment, bicycles, etc.

WINTER STORMS

Gather emergency supplies

- A battery powered radio
- Food that does not require cooking and a manual can opener
- Your medications
- Extra blankets
- Extra water in clean soda bottles or milk containers
- Rock salt to melt ice on walkways and sand to improve traction
- Flashlights, battery-powered lamps, and extra batteries. Candles are a fire hazard.
- Make sure you have enough heating fuel; regular fuel sources may be cut off

Dress for the season

- Wear several layers of loose-fitting, light-weight warm clothing rather than one layer or heavy clothing.
- Mittens are warmer than gloves.
- Wear a hat; most body heat is lost through the top of the head.

EMERGENCY PREPAREDNESS RESOURCES

The National Organization on Disabilities Emergency Preparedness Initiative

- www.nod.org/emergency/index.cfm

Emergency Preparedness for People with Disabilities

- <http://www.ilrcsf.org/resources/Medical.pdf>

Emergency Evacuation Preparedness: Taking Responsibility for Your Safety – A Guide for People with Disabilities and Other Activity Limitations by June Isaacson Kailes, Disability Policy Consultant

- http://webhost.westernu.edu/hfcdhp/wp-content/uploads/Emergency_Evacuation.pdf

FEMA- Federal Emergency management Agency: Individuals with Special Needs

- http://www.fema.gov/media-library-data/20130726-1445-20490-6732/fema_476.pdf

Disability Preparedness Center

- <https://www.disability.gov/resource/inclusive-preparedness-center/>

Disability Preparedness DHS

- <http://www.dhs.gov/interagency-coordinating-council-emergency-preparedness-and-individuals-disabilities>

The Centers for Disease Control and Prevention Emergency Preparedness

- www.emergency.cdc.gov/

State Health Departments

- <http://www.cdc.gov/mmwr/international/relres.html>

Special Needs and Disaster Research Information

- www.disaster-research.us

American Red Cross

- www.redcross.org

Dept. of Homeland Security

- www.dhs.gov/dhspublic

FEMA Community Emergency Response Teams

- <https://www.fema.gov/community-emergency-response-teams>

Ready Go

- www.ready.gov

White House

- www.whitehouse.gov/homeland

Citizen Corp

- www.citizencorps.gov

**DISASTER PREPAREDNESS READINESS FORM
FOR THE SPECIAL NEEDS INDIVIDUAL**

Your disaster readiness plan should answer the following statements:

I will call _____, at _____.
(family member, caregiver, or friend) (phone number)

My child will be transported by _____.
(type of vehicle: car, van, ambulance, etc.)

I have made arrangements with _____ should he/she require special transportation.
(ambulance company name)

My child and I will go to _____ in _____ for shelter when we need to evacuate.
(name) (location)

The shelter's phone number is _____.

I will call _____ (name), at _____ (phone number) in
_____ (city, state) to let them know my plans and destination.

Other Important Information:

IMPORTANT TELEPHONE NUMBERS

Ambulance	911
Fire Department	911
Police Department	911
Poison Control Center	1-800-222-1222
Disaster Assistance	
• Texas Department of Protective and Regulatory Services	1-800-582-5233
• 24 Hour Hotline	1-800-252-5400
To Lodge Complaints, you may call:	
• Texas Department of Aging and Disability Services	1-800-720-7777
• 24 Hour home health hotline	1-800-458-9858

EMERGENCY PLAN

THIS PLAN SHOULD BE POSTED NEAR THE PHONE OR ON YOUR REFRIGERATOR

Patient Name _____ Date Formulated: _____

Address: _____ Zip: _____

Subdivision or Name of Apt. Complex _____ Phone: _____

Nearest major cross streets: _____

Participants in planning session: (Parents must be included) _____

DO NOT CALL PREMIER PEDIATRIC THERAPY FIRST IN AN EMERGENCY!

If This Happens:

- Decrease in activity level or change of behavior
- Decreased urine output
- Infants: sunken "soft spot"
- Toddlers and older: Glassy eyes, dry lips, mouth
- No wet diapers in 8 hrs.
- Fever > 101, change in heart rate/breathing
- Extreme irritability
- Inability to awaken

Do This:

- Call your doctor
- If no response in one hour, take to doctor's office or the Emergency Room

If This Happens:

- Excessive bleeding
- Difficulty breathing
- Lips or inside of mouth look blue
- No breathing

Do This:

- Apply pressure to source of bleeding.
- If still breathing, take to Emergency Room or call 911.
- Initiate CPR and call 911.

EMERGENCY NUMBERS

<p>Dr. _____ Phone _____</p> <p>Premier Pediatric Therapy: (832) 539-1632. This number is answered Monday-Friday, 9:00am-4:00pm. A member of management can be reached after operating hours at 281-466-4340.</p> <p>Hospital Preference _____</p> <p>Hospital Phone _____</p> <p>Family Member to Call in Emergency _____</p> <p>Phone# _____</p>	<p>Fire Department: 911</p> <p>Emergency of any kind: 911</p> <p>Ambulance: 911</p> <p>Poison Control: (800) 222-1222</p> <p>State hotline for reporting complaints: 1-800-458-9858</p>
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PLEASE CALL PREMIER PEDIATRIC THERAPY at 832-539-1632 IF YOUR CHILD GOES TO THE E.R. OR HOSPITAL

Plan Reviewed By: _____

Date: _____

Revised: _____

ADMISSION CONTACTS

Patient:

Insurance ID:

Date of Birth:

Dear Parent/Caregiver,

The above-named child will be receiving _____ therapy services through our agency. If you have any questions, please call your Therapy Coordinator, _____, at 832-539-1632.

Therapist	Telephone

SERVICE AGREEMENT

Patient's Last Name	First Name	M.I.	
Address	City	State	Zip
Date of Birth	ID/Medicaid #	Name of Parent/Legal Guardian	

Check the following boxes to acknowledge:

- Premier Pediatric Therapy is a Licensed Home Health provider in the state of Texas. Premier Pediatric Therapy accepts pediatric patients from birth to 21 years of age, based on PPT's ability to provide the needed services, without regard for race, creed, religion, sex, national origin, sexual preference, handicap or HIV status. I will not hold PPT or any of its representatives liable for the safety and/or well-being of any other person not identified above. PPT will make every effort to provide all of the therapy visits authorized for your child. In the event that your therapist is not able to complete all services ordered, PPT will offer an alternate therapist, if one is available to provide that care.

CONSENT FOR CARE

- I hereby authorize Premier Pediatric Therapy, to provide physical therapy, occupational therapy, speech therapy, and/or any nursing assessments necessary for my child, named above, as prescribed by his/her physician.

AUTHORIZATION FOR RELEASE OF INFORMATION

- I authorize the release of all records required to act on the request for payment of authorized services on my child's behalf. I authorize my child's records to be reviewed for any necessary internal or state audits within the agency. I authorize the release of my child's medical information to any other entity that is providing medical or therapy services for him/her, such as doctors, therapists and/or hospitals.

FINANCIAL RESPONSIBILITY

- I certify that the information given by me in applying for payment of Group Insurance or Medicaid is correct. I understand Premier Pediatric Therapy will submit accurate billing and insurance claims on my child's behalf. I understand that if I have private insurance, Medicaid payments will be secondary. I authorize the insurance company to pay directly to Premier Pediatric Therapy, all benefits which are due to me for covered services rendered. I understand that I am responsible for payment of any and all charges not covered by my insurance company. If the deductible for the year has not been met, it will be necessary to collect this fee before services begin. If your child has a Medicaid number, you are not to be billed for authorized services. If clients wish to pay privately for services rendered, an individual payment agreement will be created prior to services being provided.

Service ordered	Frequency	Payer Source (Check one)	Amount to be billed*	Amount expected from Insurance/Medicaid	Charges client may have to pay
Physical Therapy		<input type="checkbox"/> Medicaid <input type="checkbox"/> Insurance			
Occupational Therapy		<input type="checkbox"/> Medicaid <input type="checkbox"/> Insurance			
Speech Therapy		<input type="checkbox"/> Medicaid <input type="checkbox"/> Insurance			

*If Medicaid is the only payor, amount billed is the current allowable amount. Medicaid pays 100% of allowable amount.

Primary Health Insurance Company (Insured)

Secondary Health Insurance Company (Insured)

COMPLAINT RESOLUTION

- Premier Pediatric Therapy strives to resolve any conflicts as they arise. I understand that if I have any questions or complaints that I should notify the Administrator or Assistant Administrator at Premier Pediatric Therapy at (832) 539-1632. Complaints will be reviewed within 3 business days and resolved within 30 days. I understand I have the right to file a complaint or questions regarding services with the Texas Department of Aging and Disability Services by telephone at the State Hotline seven days per week, 24 hours per day at (800) 458-9858; and /or with the Texas Department of Insurance by telephone at (800) 252-3439 or in writing to the following address:

DADS Consumer Rights and Services Division
P.O. Box 149030
Austin, TX 78714-9030

Premier Pediatric Therapy
415 South First Street, Suite 300A
Lufkin, TX 75901

Texas Department of Insurance
P.O. Box 149091
Austin, TX 78714-9091

BILL OF RIGHTS – CLIENT RESPONSIBILITIES

- I have received and understand my Rights and Responsibilities as detailed in the attached document

PHOTOGRAPHY PERMIT

- I give my permission for employees of Premier Pediatric Therapy to photograph my child
 Photos of my child may be used in advertising material by Premier Pediatric Therapy

I Understand and Accept the Terms of This Agreement:

Parent/Guardian: _____

Parent/Guardian Signature: _____ Date: _____

Witnessed by Premier Pediatric Therapy Representative: _____

Services are supervised by Yahaira Pagan, SLP, Alt. Administrator - Phone: (832) 539-1632

ACKNOWLEDGEMENT OF RECEIPT OF INFORMATION

Client Name _____ ID# _____

Please Check Each Box:

- I understand that I should have access to a phone and return calls from the agency in a timely manner. I will notify the agency immediately of any changes to my phone number, address or Insurance/Medicaid information.
- I have received and had explained the Bill of Rights and my Responsibility.
- I understand the agency's policy of mandatory reporting of abuse, neglect, and exploitation.
- I understand how the agency will protect my personal information and with whom they share my information. I have received HIPPA information.
- I understand that I may access the Home Health Hotline (800) 458-9858 at any time to lodge complaints against the agency.
- I have received information regarding Emergency Plans, Patient Safety, and Home Safety and the agency's Disaster Plan and Disaster Resources.
- I have received the agency's policy regarding drug testing of employees/contractors.
- I have received a Family Orientation Handbook.
- I have received information regarding Advance Directive, Durable Power of Attorney, Out of Hospital Do Not Resuscitate (DNR), Living Will, and Declaration for Mental Health Treatment.
- I have not executed an Out of Hospital DNR, Living Will, Durable Power of Attorney, or Declaration for Mental Health Treatment for my child.
- I understand that I should call PREMIER PEDIATRIC THERAPY if I have any questions about my child's therapy or the information presented to me at his/her admission.
- I understand that I should only sign paperwork for the dates & times the therapists provide treatment. Signing inaccurate paperwork may put my child's Medicaid services in jeopardy.

Parent/Guardian: _____

Email: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Witnessed by Premier Pediatric Therapy Representative: _____

AUTHORIZATION OF MEDICAL RECORDS RELEASE FOR TRANSFER OF SERVICES

I, _____, parent and/or legal guardian of _____, date of birth, _____ under the Health Insurance Portability and Accountability Act, 45 C.F.R. Parts 160 and 164, authorize the Releasing Company, _____, to disclose and immediately release the information selected on this form, via fax, to the requesting Premier Pediatric Therapy Representative.

The medical records information to be released ranges from _____ to _____ during which time I certify that my child was under the Releasing Company's care.

I authorize Premier Pediatric Therapy to obtain the following information in order to continue with my child's continuity of care:

- Current or recent Evaluation or Re-evaluation
- Current Insurance Determination/Authorization letter of approved therapy
- Complete past and current medical records and information
- Other: _____

This medical information may be used by the person I authorize to receive this information for medical treatment or consultation, billing or claims payment, or other purposes as I may direct.

I understand that I have the right to revoke this authorization, in writing, at any time. I further understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Signature of Patient Parent/Legal Guardian

Signature Date

Printed Name of Premier Pediatric Therapy Representative

Job Title

Premier Pediatric Therapy
415 S First Street
Suite 300A
Lufkin, TX 75901
Phone: (832) 539-1632
Fax: (832) 539-1633

ADMISSION SURVEY

Dear Parent/Caregiver:

We, at Premier Pediatric Therapy, are always seeking ways to improve our services to you and your child. We want to ensure that you are well informed about the care your child will be receiving and that we have answered any questions or concerns you might have. Please take a few minutes to complete this survey. Your comments will be kept confidential and are greatly appreciated.

Was the office staff courteous and helpful?

- Very satisfied Somewhat satisfied Not satisfied

Were services started within a reasonable amount of time?

- Yes Somewhat No

During the admission, did the representative explain the paperwork you signed?

- Yes No

Do you know how to reach the Premier Pediatric Therapy office?

- Yes No

Do you know the name(s) of your therapist(s) and how to contact him/her/them?

- Yes No

We welcome any suggestions, comments, or compliments you have about our agency and processes. Thank you for your time!

Once this form is completed, a copy will be sent to our office and an electronic copy will be sent to you at the email address we have on file.