



5423 Lake Howell Road  
Winter Park, FL 32792

Phone: 407-679-STEP (7837)  
Fax: 407-679-STEP (7837)

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Dear Parent / Guardian,

Thank you for your recent inquiry regarding our Intensive Suit Therapy program. We look forward to the opportunity to work with your child and help to achieve your child's greatest potential.

Enclosed you will find information about our program and policies.

Please complete the enclosed Patient Information Form regarding your child's history and mail or fax it to us as soon as possible to allow the treating therapists to review your child's background and determine their eligibility for our program. If possible, please include a video of your child performing typical daily activities.

Upon confirmation of your intent to attend an intensive session, further paperwork including a medical clearance letter will be sent to you.

Please feel free to contact us at any time with any further questions or concerns. We look forward to working with you soon.

Thank you,

Innovative Children's Therapy, Inc.



## Summary of Services

### **Pediatric Intensive Suit Therapy**

Innovative's intensive therapy program is customized to fit the needs of each child. It consists of physical and occupational therapy for up to four hours per day, five days per week for three weeks. Longer or shorter intensive sessions may be recommended for some patients as needed. All intensive sessions include physical and occupational therapy evaluations, plans of care including goals, a complete home exercise program including pictures of your child performing the exercises, and a "before and after" video.

A typical day of intensive therapy includes:

- 30-60 minutes of preparation time, including moist heat, massage, soft tissue lengthening techniques, stretching, and sensory preparation.
- One hour of exercises and functional activities in the Therasuit™.
- One hour of exercises and functional activities in the cage.
- 30-60 minutes of focused occupational therapy time, including fine motor activities, dressing, feeding, and other daily living skills.
- One 15-minute break to allow the parent to give the child a snack and/or bathroom break.

These times vary depending on each child's individual needs.

### **The Therasuit™**

The suit consists of a vest, shorts, knee pads, shoe attachments, and a hat. It utilizes bungees to correctly align and load the body. Its goal is to change and improve proprioceptive input, reduce pathological reflexes, increase correct movement patterns, and strengthen muscles by providing resistance to movement. The patient performs exercises and functional activities, such as transitioning between positions and walking, while in the suit. The input the suit provides to the neuromuscular system helps to re-train the brain to produce correct movement patterns.

### **The Universal Exercise Unit**

The Universal Exercise Unit, or cage, is used in two different ways: as the "monkey cage" and as the "spider cage". The monkey cage utilizes a system of pulleys and weights to isolate and strengthen specific muscles. The spider cage uses a belt and bungee cords to either assist upright positioning or provide resistance when pushing to stand. The spider cage can allow a child to stand without a therapist's assistance while allowing

freedom of movement and facilitating balance, trunk control, and reaching. The monkey and spider cages allow a huge variety of activities which can specifically address areas which need improvement while allowing a child to experience the thrill of independent movement.

### **DAFO's™**

We are able to evaluate and cast for DAFO™ orthotics, made by the Cascade company. DAFO™'s are different from standard AFO's because they are flexible and wrap around the foot, giving total contact to the foot. The flexible material allows small movements rather than the extreme movements or fixation that comes with some neurologic impairments. These small movements provide a more normal proprioceptive feedback system that provides more helpful and reliable information for balance and postural control. The DAFO™ is tolerated more easily than typical braces and the sensation of “give” to the brace reduces the tendency of the patient to “hold” forcefully against the brace.

### **Hippotherapy**

We offer hippotherapy as an adjunct to intensive suit therapy. Hippotherapy is therapy conducted while riding on a horse. The movements of the horse as it walks cause the rider's pelvis and trunk to move in a pattern, which replicates the correct pattern of movement used when walking. It is effective for normalizing walking patterns, improving posture, trunk strength, and head control, increasing balance, improving neurological function and sensory processing, improving cognition and behavior, and increasing verbalizations and communication skills.



## **Hyperbaric Oxygen Therapy**

We are proud to work in partnership with Central Florida Hyperbaric O2 to offer hyperbaric oxygen therapy as another tool to treat children with cerebral palsy and certain other neuromuscular disorders. We are located in the same building and are able to schedule both therapies together to provide a convenient and complimentary program.

Please contact Central Florida Hyperbaric O2 directly for more information and prices: (407)671-5055, or view their website at [www.cwchyperbarics.com](http://www.cwchyperbarics.com).



## **Indications and Benefits of the Therasuit™**

### **Indications**

The Therasuit™ is appropriate for and may benefit the following diagnoses:

- Cerebral palsy
- Traumatic or anoxic brain injury
- Post stroke (CVA)
- Developmental delay
- Ataxia
- Athetosis
- Spasticity (increased muscle tone)
- Hypotonia (decreased muscle tone)

### **Benefits**

The Therasuit™:

- Re-trains the central nervous system
- Provides external stabilization
- Normalizes muscle tone
- Aligns the body in a more correct position
- Provides dynamic correction to movement patterns
- Normalizes walking pattern
- Provides tactile stimulation to muscles
- Influences the vestibular system
- Improves balance
- Improves coordination
- Decreases uncontrolled movement in ataxia and athetosis
- Improves body and spatial awareness
- Supports very weak muscles
- Provides resistance to stronger muscles to further increase strength
- Improves speech production and fluency through improved trunk support and head control
- Promotes development of both gross and fine motor skills
- Improves bone density
- Helps to decrease contractures
- Improves hip alignment

**Contraindications**

Individuals with the following conditions would not be appropriate for use of the Therasuit™, but may benefit from a modified program without use of the suit. Please contact us for further information.

- Hip subluxation greater than 50%
- Severe scoliosis or kyphosis

**Precautions**

Individuals with the following conditions would need extra medical clearance to participate in a session. Please contact us for further information.

- Heart conditions
- Uncontrolled seizures
- Hip subluxation less than 50%
- Hydrocephalus (VP shunt)
- Diabetes
- Kidney problems
- High blood pressure



## Intensive Suit Therapy Schedules and Prices

### 2010 Schedule

Month	Session Dates
January	January 11-29
February	February 8-26
March	March 8-26
April	April 5-23
May	May 3-21
June	June 1-18*
July Session #1	June 22 - July 9*
July Session #2	July 12 - 30
August	August 9-27
September	September 7-24*
October	October 4-22
November	November 1-19
December	November 29 - December 17

### 2011 Schedule

Month	Session Dates
January	January 10-28
February	February 7-25
March	March 7-25
April	April 4-22
May	May 2-20
June	May 31 – June 17*
July Session #1	June 20 - July 8*
July Session #2	July 11 - 29
August	August 8-26
September	September 6-23*
October	October 3-21
November	October 31 – November 18
December	November 28 - December 16

\*Therapy will not be conducted on Memorial Day, Independence Day, or Labor Day. Sessions containing these holidays will be reduced by \$440.

### Prices

A three-week intensive suit therapy session is priced at \$6,600. A \$2000 deposit is required to reserve a place in a session, with the total due four weeks prior to the beginning of the session.

We do not bill private insurance, but we can refer you to our medical billing agent who can assist you in submitting for reimbursement from your insurance company for a

nominal fee. You can contact Steve Edwards at 407-380-7787 or you can email him at [stephen553@cfl.rr.com](mailto:stephen553@cfl.rr.com).



## **Refund and Cancellation Policy**

### **Deposits**

A \$2000 deposit is required to reserve a space in a session. Placement will not be reserved until payment of deposit is received. The remaining balance is due four weeks prior to the beginning of the session. If the remaining balance is not paid in full prior to the session, the deposit will be credited toward any available session. **The deposit is non-refundable and expires one calendar year after receipt.**

### **Payment Policy**

We accept personal check, money order, and Visa and MasterCard. If paying by check, payer will be held responsible for any bank costs and / or fees incurred from insufficient funds and / or any returned checks, above and beyond the total cost of the session.

### **Insurance Policy**

We do not bill private insurance, but we employ a medical billing agency to assist you in receiving reimbursement from your insurance company for a nominal fee.

### **Cancellations**

After deposit or full payment has been made, a full refund will be made within 90 days for the following reasons:

1. Child does not meet the criteria to participate in our intensive program.
1. The physician will not authorize participation in the program due to medical reasons.

Proper documentation will be required in order to process the refund.

Cancellations for any reason other than those listed above will result in the deposit or full payment being applied to another available session within one calendar year. These funds are non-refundable and will expire after one calendar year.



### **Sickness Policy**

If your child becomes ill before the session begins and is not able to attend, the child will receive a full credit toward a future available session within one calendar year.

If your child becomes ill during a session and misses one to three days, we will do our best to make up the missed hours if possible. If a child's illness results in 4 or more days of missed treatments, these treatments will either be re-scheduled or a credit will be applied to the child's next intensive therapy session.

Any other reasons for a caregiver canceling a treatment will not result in rescheduling or a refund.

Because many of our patients have increased susceptibility to any illness, however minor, we ask that all parents be conscientious when their child is not feeling well. Your child will benefit from therapy more if they are feeling well, so it is best to give them time to recover when they are ill. Please **DO NOT** bring your child to therapy if they have the following:

- Any fever (99 and above)
- Green or yellow runny nose
- Vomiting or diarrhea due to illness
- Any change in skin color or texture
- Breathing difficulty
- Coughing fits/ coughing up mucous
- Any infectious illness such as a rash, impetigo, pink eye, chicken pox, etc.
- Ring worm
- Other

If your child becomes ill during the treatment session, we will discuss this with the parent/guardian and the child will need to be seen by a physician. If there is an emergency situation, we will call 911 and we will contact the parent/guardian if they are not present.

If the child comes to therapy with any infectious illness, it is up to the clinician's discretion to cancel the treatment.

**\*Please note that if a child becomes sick, is hospitalized, or has a seizure during the session when they are not in treatment, we need to be notified immediately. If a child is admitted to the hospital or has a seizure requiring medical care, the use of the Therasuit will be discontinued for the remainder of the session. The child will only be allowed to return to treatment once resume therapy orders are received.**



## Parent Testimonials

### "Gaven's Wish to Walk

Gaven Alexander is my 8 year old son. He has overcome many obstacles along his journey thus far. Gaven was born two months premature, and due to a traumatic brain injury at birth, has cerebral palsy. Gaven's prognosis at birth was the worse case scenario...our family was told of all the things he would never do, and I'm pretty sure they covered them all. Thank God, we chose to dream big, set our sights high and debunk their limitations!

So, what do you get when you take a determined, stubborn, amazing kid, then give him the opportunity to get some cutting edge, intensive therapy done by three talented, dedicated, driven, and loving therapists???

You get AMAZING results!

Gaven was walking in a posterior walker, struggling with endurance and gait when we came to work with these therapists. Within the first few days, Gaven rode a bike for the first time in his life, pedaling and steering independently!

By week 2, Gaven tried out forearm crutches for the first time. When I saw him the first day, I was amazed, yet I must admit I didn't know how this little weeble wobble would ever master the crutches before our session was over. You see, this is a huge step, and we only had over a week of therapy left. But, Gaven said it best when he announced during therapy that week, "I'm at the top of my game baby!" and boy was he! The last day of therapy Gaven walked out sporting his new blue crutches.

The following Monday Gaven returned to school. As he walked in with his new crutches, his classmates who had lined the hallway welcomed him back. Cheers and applause from his primary school peers thundered. His amazing progress and increased independence continues to leave teachers, friends, and even his doctors in awe. Gaven's new skills, increased strength, endurance, not to mention his heightened self esteem has had a tremendous impact on every aspect of our lives. Life changing doesn't begin to describe it.

Just to clarify, NO, this isn't a magic pill. It's great therapy, done by fantastic therapists. Therapists who are dedicated to seeing children maximize their potential. They bonded with Gaven and discovered his interests, then used this to inspire and motivate him to push himself to a new level. Gaven still talks about them and asks when he'll see them again. Intensive Suit Therapy is hard work, but with these therapists it's more like child's play!

If you are a parent and have any questions, I would love to share my experience with you!

Sincerely,

Jill R. Alexander

Advocate for Children with Disabilities"



## Parent Testimonials

"Madison's experience at Innovative Children's Therapy was amazing! She responded so well to the therapists and to the 'hard work,' (which never felt or seemed like work to her) she did while she was there. The therapists are so dedicated and knowledgeable, but also displayed such a loving spirit toward Madison that she immediately felt at ease with them, and they were experts at motivating her to truly get the most out of her. I saw great improvements in Madison's strength and endurance during the session. Her sitting balance improved greatly! She had been walking with a walker but her gait pattern was not the most conducive for independent mobility, which was something we had been working on for a long time, unsuccessfully. During her session, she learned how to take steps 'the right way' outside of that pattern and that is HUGE to me and even took a couple on her own. Very exciting! There were just improvements across the board, really. This was overall a GREAT experience and we will be back! Thank you Dayna, Trevor and Ariana!"

-Amanda and Madison

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"Tragically, on July 15, 2004, our precious daughter Mia suffered a near drowning accident while attending a day camp in western North Carolina. After receiving CPR at poolside, she was airlifted to Greenville Memorial Hospital in Greenville, South Carolina, where she was admitted to the Pediatric Intensive Care Unit. Mia's early prognosis was not very reassuring – during our first day, we were visited by a pediatric surgeon who discussed the possibility of surgery on her major organs – lungs, liver, kidneys, and heart – most likely to be damaged by her lack of oxygen.

The hours turned into days, and days into weeks, and Mia began to respond slowly. One of the only things I clearly remember from those early days was a call from a family friend and neurologist: "The most recent literature shows that intensive therapy makes a difference" ... Among all that he said, this simple statement stuck.

We turned our attention to "the next step" and found an inpatient rehabilitation program for children in Atlanta – closer to home, and more importantly, the only one that conducted therapy seven days a week. Mia (and Mommy) were transferred by air ambulance on August 3, 2004 and settled in for what turned into 11 weeks in our "new home". The therapists took charge and even with Mia's limited awareness and abilities, they worked with her morning and afternoon, every day of the week. When her legs would not bend, braces for her knees were applied; when her feet began to "fall", serial casts were ordered. Through it all, Mia cried, but everyone kept working – Mia, her family, her medical providers, and her therapists.

On October 20, 2004, scared and overwhelmed, we were released from the hospital. Mia was now medically stable and showing enough progress to begin outpatient therapy. But where? And with whom?

By God's grace, we were led to Orlando, Florida and to the professional and loving arms of Ariana Watson, Trevor MacLaren, and Dayna Browman. Mia was able to hold her head up, and sit up for brief periods. She had "stood up" from the sofa, but had no balance or ability to take even a single step. We arrived with Mia in a wheelchair, exhausted from the recent months. Ariana, Trevor, and Dayna began their assessment – examining Mia thoroughly and asking a thousand questions. They discussed and wrote goals for our first three-week session, one of which was Mia walking by the end of the three weeks. We were caught by their enthusiasm, but skeptical of "truly" being too hopeful. Hope can bring disappointment, and our emotions were fragile.

Fitted in her Thera-Suit, by the end of the first week, Mia took her first steps. Of course, I had gone to run an errand and missed the whole thing! When I returned to the car, and picked up my cell phone messages, I heard them joyfully screaming: "Mia is walking...she took twelve steps" without us holding her. I raced back to the therapy center to see sweet Mia take a few more steps that first Friday. She wobbled back and forth, and often walked in circles, but it was a start. It was December 3, 2004.

When we completed the first three-week session, we were convinced. Mia's progress with the daily intensive therapy (and hyperbaric oxygen treatments) was steady and notable. We signed up for the next session and returned to Orlando on January 2, 2005. By the end of January, the therapists recommended "no wheelchair" when Mia returned to school. With the helping hand of her teachers, Mia could walk from activity to activity, and was able to sit in a regular chair without assistance. By late February, we donated Mia's wheelchair to a local charity.

Intensive therapy, combined with the many other interventions we have used, continues to make a difference for our wonderful daughter. In her first year "post-accident", we will have participated in five "three-week" sessions of intensive therapy (all after our first 14 weeks in the hospital). Ariana, Trevor, and Dayna have become integral members of our "team", all devoted to Mia's recovery. They are truly the most talented, knowledgeable, professional, creative, and enthusiastic therapists we have met, and we recommend them to everyone we meet.

Through answered prayers, God's tremendous mercy, hard work, and incredible people, Mia's long recovery continues. We are thankful for Ariana, Trevor, and Dayna every single day.

Ken, Marilyn and Mia

Tallahassee , Florida

June 2005"

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"I cannot say enough. . . They have a 'never give up' attitude. Their spirit just carries these children through a four-hour therapy session and the children are still smiling at the end of therapy. They make it fun and you get results! They are the best ever."

-Hope, Mother of Bryce

# Innovative Children’s Therapy, Inc.

## HIPAA Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU AND/OR YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. We must provide this notice to you no later than the date of the first service delivery including service delivered electronically to you.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices.

### **Uses and Disclosures of Protected Health Information**

We use health information about the client for treatment, to obtain payment for treatment, for health care operations, and to assess the quality of health care that you receive. Information may be shared by paper, mail, electronic mail, fax, or other methods and may be used by office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your treatment. We may disclose your health information to other health care professionals who are involved in your care. For example, a doctor or healthcare facility involved in your care may request personal health information to enable them to provide care.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. For example, we may use your personal health information to collect payment from a third party and /or request authorization for services.

**Healthcare Operations:** We may use or disclose, as-needed, your protected health information in order to operate our health care practice. For example, we may use your health information to evaluate our treatment services to maintain a high quality of care, inform you of other services available, provide you with reminders, or provide general information as needed.

**Other Health Care Related Uses:** We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Contact to request that these materials not be sent to you.

**Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

**Emergencies:** We may use or disclose your protected health information in an emergency treatment situation. We must present to you our Notice of Privacy Practices as soon as it is reasonably practicable after the delivery of treatment.

### **Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object**

We are permitted or required by law to use or to disclose personal health information, without your authorization in the following circumstances.

**Required By Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability, . We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

**Communicable Diseases:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

**Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include: (1) legal processes as otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs or has occurred.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**Research:** We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Workers' Compensation:** Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

## Client's Rights

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

**You have the right to inspect and copy your protected health information.** This means you may inspect and obtain a copy of your protected health information that we may use to make health care related decisions about you. If you have any questions about your protected health information and / or believe that information is incorrect or missing, you have the right to request that we correct the existing information.

**You have the right to request a restriction of your protected health information.**

This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must be written and state the specific restriction requested and to whom you want the restriction to apply.

We are not required to agree to a restriction you may request. If we believe it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Contact.

**You may have the right to amend your protected health information.** This means you may request an amendment of protected health information to correct inaccuracies.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations.

**You have the right to obtain a paper copy of this notice from us,** upon request, even if you have agreed to accept this notice electronically.

**Complaints**

**If you are concerned that we have violated your privacy rights, you may complain to us or to the Department of Health and Human Services. You may file a complaint with us by notifying our privacy contact of your complaint. All complaints must be submitted in writing.**

You may contact our Privacy Contact, **Ariana Watson, OTR/L** at **(407)679-7837** or **info@innovativechildrenstherapy.com** for further information or concerns and we will be happy to respond. Please submit your complaint in writing to: **Innovative Children’s Therapy, Inc.**

**5423 Lake Howell Road  
Winter Park, FL 32792**

**Effective Date:** This notice is effective April 14, 2003

This document will be enforced for the time span of one year after the date written by the signee.

*Please sign below if you have read and understand this Notice of Privacy Practices.*

Child’s Name: \_\_\_\_\_

Name of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_



www.innovativechildrenstherapy.com

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## Lodging

### Hilton Homewood Suites

- Upscale, spacious, 2-room suite which includes two private rooms with two televisions, a separate living area and fully equipped kitchen, two telephones with data ports
- Complimentary, full breakfast served daily
- Complimentary evening reception that includes dinner and beverages, Monday through Thursday
- Complimentary Hi-Speed Internet access
- Complimentary hotel shuttle within 5 miles
- Beautiful outdoor swimming pool
- 24 hour business center
- 24 hour fitness center
- 24 hour suite shop
- Complimentary grocery-shopping service
- Laundry facilities and valet service
- Room service from Sam Sneads Grill and Applebees
- 100% satisfaction guarantee
- HHonors Guest Rewards Program

### Special Preferred Rates for Innovative Children's Therapy:

- **January 2008 through December 2008:**  
**\$104.00 per night for 12-29 nights King Bed or Double Bedded suite**  
**\$89.00 per night for 30 or more nights King Bed or Double Bedded suite**

Homewood Suites Orlando North

290 Southhall Lane

Maitland, FL 32751

407-875-8777

[www.homewoodsuites.com/hws/orlando-north](http://www.homewoodsuites.com/hws/orlando-north)

### Candlewood Suites

- Offering special rates to Innovative Children’s Therapy clients
  - \$69.00/night for a studio and \$79.00/night for a one-bedroom suite
- Call 407-767-5757

### Ronald McDonald House

- Approximately 15 minutes from Innovative Children’s Therapy on the campus of Florida Hospital
- Private bedrooms
- Family-style kitchen
- Laundry facilities
- Many meals are provided by community organizations and businesses
- Only \$15 per night
- See [www.rmhorlando.com](http://www.rmhorlando.com) for pictures
- Contact us for a referral

There are many other hotel and rental options in the Orlando area. Here are a few of the closest hotels:

Hotel	Phone	Address	Distance from Clinic
Remington Inn	407-862-7111	450 Douglas Ave. Altamonte Springs, FL 32714	6.76 miles
Altamonte Springs Days Inn	407-788-1411	150 S Westmonte Dr, Altamonte Springs, FL 32701	6.58 miles
Homestead Village Guest Studios	407-332-9300	302 Northlake Blvd. Altamonte Springs, FL 32701	6.23 miles
Quality Inn Altamonte	407-862-2800	235 S Wymore Rd, Altamonte Springs, FL 32714	6.52 miles
Candlewood Suites	407-767-5757	644 Raymond Ave., Altamonte Springs, FL 32701	6.61 miles
Hampton Inn	407-869-9000	151 North Douglas Ave., Altamonte Springs, FL 32714	6.32 miles
Holiday Inn	407-862-4455	I-4 & ST RT 436, Altamonte Springs, FL, 32714	6.31 miles
Hilton	407-830-1985	350 North Lake Blvd., Altamonte Springs, FL 32701	6.33 miles
Marriott Springhill Suites	407-865-6400	205 W. Highway 436, Altamonte Springs, FL, 32714	6.31 miles
Residence Inn	407-788-7991	207 Douglas Ave., Altamonte Springs, FL, 32714	6.50 miles
Ventura-Orlando Vacation Rentals	<a href="http://www.vacationrentals.com">www.vacationrentals.com</a>		
Page One Rentals Rental Condos	<a href="http://www.pageonemanagement.com">www.pageonemanagement.com</a> 1-800-237-2431 or 407-2601252		

There are many fun things to do in the Orlando area. Here are a few of the most popular attractions:

Disney World 407-939-4636	Sea World 407-363-2101	Universal Studios 407-363-8000
Wet'n Wild 407-351-1800	Kennedy Space Center 321-452-2121	Gatorland 407-855-5496
CityWalk 407-224-WALK	Busch Gardens 813-987-5000	Harry P. Leu Gardens 407-246-2620
Cirque du Soleil 407-934-9200	Cypress Gardens 863-324-2111	Cocoa Beach

For your convenience, we have put together a list of rental car companies:

Alamo 1-800-GO-ALAMO	Avis 1-800-831-2847 (in terminal)	Budget 1-800-527-7000 (in terminal)
Hertz 1-800-645-3131	National Car Rental 1-800-CAR-RENT (in terminal)	Payless 1-800-PAY-LESS
Enterprise 1-800-Rent-A-Car	Thrifty Car Rental 1-800-THRIFTY	Dollar 1-800-800-4000 (in terminal)



www.innovativechildrenstherapy.com

5423 Lake Howell Road  
Winter Park, FL 32792

Phone: 407-679-STEP  
Fax: 407-679-STEP

## Patient Information Form

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Patient SS#: \_\_\_\_\_ Patient Height: \_\_\_\_\_  
Patient Weight: \_\_\_\_\_ Patient Shoe Size: \_\_\_\_\_ without AFOs \_\_\_\_\_ with AFOs  
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Cell / Work Number: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Cell / Work Number: \_\_\_\_\_

### Brief Medical History

Patient Diagnosis: \_\_\_\_\_  
Referring Physician: \_\_\_\_\_  
Referring Physician Contact Number: \_\_\_\_\_  
List of Medications patient is taking: \_\_\_\_\_  
\_\_\_\_\_

Born at how many weeks gestation? \_\_\_\_\_  
Any complications with pregnancy? YES / NO  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any previous surgeries and dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have seizures? \_\_\_\_\_ Date of last seizure: \_\_\_\_\_  
Are seizures controlled with medications? \_\_\_\_\_  
How frequently do seizures occur? \_\_\_\_\_  
Does your child have a shunt? \_\_\_\_\_  
Does your child have any cardiac conditions? \_\_\_\_\_  
If yes, please describe \_\_\_\_\_  
Does your child have high blood pressure? \_\_\_\_\_  
Does your child have a G-tube? \_\_\_\_\_

Has your child ever had a hip dislocation, subluxation, or fracture? YES/NO  
If so, which hip and degree of subluxation?: \_\_\_\_\_  
Date of occurrence: \_\_\_\_\_ Was it repaired? \_\_\_\_\_  
Does your child have a bone condition or brittle bone disease? \_\_\_\_\_

Does your child have scoliosis? \_\_\_\_\_ Type & Degree of curvature: \_\_\_\_\_

Does your child have respiratory conditions? \_\_\_\_\_

Does your child have diabetes? \_\_\_\_\_

Does your child have any behavioral or social concerns? \_\_\_\_\_

Please list any other conditions not mentioned above in which precautions need to be taken or in which intensive suit therapy might be contraindicated. (Please list even if you are not sure): \_\_\_\_\_

\_\_\_\_\_

Please indicate what developmental milestones your child has achieved. Check all that apply:

\_\_\_\_\_ Attained head control

\_\_\_\_\_ Rolling

\_\_\_\_\_ Belly Crawling

\_\_\_\_\_ Creeping on hands and knees

\_\_\_\_\_ Sitting

\_\_\_\_\_ Standing

\_\_\_\_\_ Walking

Please list what areas you would like to be addressed in therapy: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list your goals for your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Comments / Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_