



## Phase II Cardiac Rehab Program Informed Consent

I hereby consent to voluntarily participate in this cardiac rehabilitation program, which has been recommended by my physician.

I understand for this program to have a desirable effect priority must be given to regular attendance of the exercise and educational offerings as well as adherence to the exercise and nutritional guidelines and the plan of care prescribed by my physician.

The exercise program will follow an exercise prescription prepared by the rehabilitation staff and my referring physician. The exercise prescription will be designed based on information obtained from my medical history, current physical and cardiac status, stress test results, and my referring physician. I understand the exercise component of the cardiac rehabilitation program consists of specifically designed activities to place a gradually increasing workload on my cardiovascular system. The response of the cardiovascular system to such activities cannot be predicted with complete accuracy. There exists a possibility of certain changes occurring during the exercise sessions. These changes could include abnormal blood pressure, fainting, and disorders of the heart rhythm, such as too rapid, too slow, or ineffective rhythms, and in very rare instances, heart attack. I agree to promptly report any signs or symptoms indicating an abnormality or distress to the rehabilitation staff. Emergency equipment and trained personnel are available to deal with most unusual situations that arise.

I understand my referring physician will receive a complete written report of my cardiac progress/status upon completion of the program.

All information obtained will be treated as privileged and confidential and will not be released or revealed to any person without my express written consent. The information obtained, however, may be used for a statistical or scientific purpose with my right to privacy retained.

I have read this document and I understand it. Any questions that may have occurred to me have been answered to my satisfaction. I agree to participate in this Phase II Cardiac Rehabilitation program.

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed: \_\_\_\_\_ Date: \_\_\_\_\_