Cardiac Rehabilitation
Informed Consent for Exercise

Explanation of Outpatient Cardiac Rehabilitation Program
You will be placed in a rehabilitation program that will include physical exercises, INTERxVENT (a lifestyle modification program) and possibly other health-related services. The levels of exercise that you will undertake will be based on your response during an exercise test and other clinical information. You will be given clear instructions regarding the amount and kind of regular exercise you should do. Depending on your progress, the program staff and physician may adjust your exercise sessions.

Confidentiality
During your exercise session personal information may be overhead by other patients. This may include but is not limited to blood pressure, heart rate, blood sugar, weight and review of medications. We may discuss additional educational material regarding your treatment while you are exercising. Your first name and last initial will be on your exercise folder. When you are being continuously monitored, your full name will appear on the telemetry screen that is sitting on the counter in the exercise area. Male patients that have progressed to intermittent monitoring are asked to expose their chest for paddle placement for a rhythm tracing. Please notify the staff if any of these are unacceptable and we will make accommodations to provide you privacy.

Monitoring
Your blood pressure will be monitored as required. You agree to learn how to count your own pulse rate and record it before, during and at the end of each exercise session, as instructed by program staff members. You agree to report to the rehabilitation staff any unusual, new or worsened symptoms associated with your exercise program. These include but are not limited to unusual shortness of breath with low level activity; pain, pressure, tightness, heaviness in the chest, neck, jaw, back, and/or arms; unusual fatigue with exercise; unusually fast, slow or irregular heart rate; faintness or dizziness.

Attendant Risks and Discomforts
There exists the possibility of certain changes occurring during exercise sessions. These include abnormal blood pressure; fainting; irregular, fast, or slow heart rhythm; and in rare instances, heart attack; stroke or death. Every effort will be made to minimize those risks by provision of appropriate supervision during exercise. Emergency equipment and trained personnel are available to deal with unusual situations that may arise.

Benefits to be Expected
Participation in the rehabilitation program may help to evaluate which activities you may safely engage in during your daily life. No assurance can be given that the rehabilitation program will increase your exercise tolerance, although considerable evidence indicates improvement is usually achieved.

Responsibility of the Participant
To promote your safety and gain benefit, you must give priority to regular attendance and adherence to the prescribed intensity, duration, frequency, progression, and type of activity. To achieve the best possible care:

DO NOT
• Withhold any information pertinent to symptoms from any staff member.
• Exceed your target heart rate
• Exercise when you do not feel well
• Exercise within 2 hours after eating or using tobacco products or alcohol.

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DO

- Report any unusual symptoms that you experience before, during or after exercise. (You may help assure the safety and well-being of others in the program if you would also report any unusual symptoms you notice in others.)
- Follow all recommendations made by staff concerning the limits on any exercise or health-related activities that you may be encouraged to do.

Use of Medical Records

The information that is obtained while you are a participant in the Cardiac Rehabilitation Program will be treated as privileged and confidential. It is not to be released or revealed to any person except your physicians without your written consent. The information obtained, however, may be used for statistical analysis or scientific purposes with your right to privacy retained.

Inquiries

Any questions about the rehabilitation program are welcome. If you have any doubts or questions, please ask us for further explanation.

Freedom of Consent

I agree to voluntarily participate in the Cardiac Rehabilitation Program. I understand that I am free to deny any consent if I so desire, both now and at any point in the program.

I acknowledge that I have read this form in its entirety or it has been read to me, and I understand my responsibility in the Cardiac Rehabilitation Program in which I will be engaged. I accept the risks, rules and regulations set forth. Knowing these, and having had an opportunity to ask questions that have been answered to my satisfaction, I consent to participate in this Cardiac Rehabilitation Program.

______________________________________________________
Date                               Signature of Patient
______________________________________________________
Date                               Signature of Witness
______________________________________________________
Date                               Signature of Physician or Authorized Delegate