

McLAREN FLINT

Cardiac Rehabilitation Pulmonary Rehabilitation

INFORMED CONSENT

EXPLANATION OF REHABILITATION PROGRAM

I will be participating in a conditioning program that includes physical exercise and education. I understand the level of exercise, which I will undertake, will be based on my individual response to an initial exercise test and/or evaluation. I will be given explicit instructions regarding the amount and kind of regular exercise I should do. Organized exercise sessions will be available on a regularly scheduled basis. My exercise sessions may be adjusted by the exercise specialist in consultation with the exercise program director and physician, depending on my progress. Other retests may be recommended as needed.

MONITORING

I understand that my blood pressure, heart rate and oxygen saturation will be monitored pre and post exercise and during exercise as required.

RISKS AND DISCOMFORTS

I understand there exists the possibility of certain changes occurring during the exercise sessions. I understand these include abnormal blood pressure, fainting, disorders of heart beat, and in rare instances heart attack, stroke or death. Every effort will be made to minimize those risks by the preliminary examination and by observations during exercise. Emergency equipment and trained personnel are available to deal with unusual situations which may arise.

RESPONSIBILITY OF THE PARTICIPANT

To gain expected benefits I must give priority to regular attendance and adherence to prescribed amounts of intensity, duration, frequency, progression, and type of activity. I realize that I must promptly report to the staff of the rehabilitation program any signs or symptoms indicating any abnormality or distress. I consent to the administration of any immediate resuscitation measures deemed advisable by the staff in the event of distress.

USE OF MEDICAL RECORDS

The information which is obtained during exercise testing and while I am a participant in the rehabilitation program will be treated as privileged and confidential. It is not to be released or revealed to any person except my referring physician and insurance company without my written consent. The information obtained however, may be used for statistical analysis or scientific purpose with my right to privacy retained.

INQUIRIES

I understand that questions about the rehabilitation program are welcome. If I have doubts or questions, I will ask for further explanation.

FREEDOM OF CONSENT

I understand that permission to engage in this rehabilitation program is voluntary. 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 that I understand the rehabilitation program in which I will be engaged. I accept the rules and regulations set forth. I consent to participate in this rehabilitation program.

Participant's Signature/Date

Signature of Witness/Date

**REHABILITATION
PROGRAM
INFORMED CONSENT FOR
EXERCISE TREATMENT**



820b

PT.

MR./RM.

DR.