

# Appendix F

## Informed Consent for Exercise Rehabilitation of Patients with Known or Suspected Heart Disease

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

### 1. Purpose and Explanation of Procedure

In order to improve my physical capacity and generally aid in my medical treatment for heart disease, I hereby consent to enter a cardiac rehabilitation program that will include cardiovascular monitoring, physical exercise, dietary counseling, smoking cessation, stress reduction, and health education activities. The levels of exercise that I will perform will be based on the condition of my heart and circulation as determined by my physician. I will be given exact instructions regarding the amount and kind of exercise I should do. I agree to participate three times per week in the rehabilitation program. Professionally trained clinical personnel will provide leadership to direct my activities and monitor my electrocardiogram and blood pressure to be certain that I am exercising at the prescribed level. I understand that I am expected to attend every session and to follow physician and staff instructions with regard to any medications that may have been prescribed, exercise, diet, stress management, and smoking cessation. If I am taking prescribed medication, I have already so informed the program staff and further agree to so inform them promptly of any changes my doctor or I have made with regard to use of these.

I have been informed that in the course of my participation in exercise, I will be asked to complete the activities unless such symptoms as fatigue, shortness of breath, chest discomfort, or similar occurrences appear. At that point I have been advised that it is my complete right to stop exercise and that it is my obligation to inform the program personnel of my symptoms. I recognize and hereby state that I have been advised that I

should immediately upon experiencing any such symptoms inform the program personnel of my symptoms.

I understand that during the performance of exercise, a trained observer will periodically monitor my performance and perhaps take my electrocardiogram, pulse, blood pressure, or make other observations for the purpose of monitoring my progress and/or condition. I also understand that the observer may reduce or stop my exercise program when findings indicate that this should be done for my safety and benefit.

### 2. Risks

It is my understanding, and I have been informed, that there exists the possibility during exercise of adverse changes including abnormal blood pressure; fainting; disorders of heart rhythm; and very rare instances of heart attack, stroke, or even death. Every effort, I have been told, will be made to minimize these occurrences by proper staff assessment of my condition before each exercise session, staff supervision during exercise, and my own careful control of exercise effort. I have also been informed that emergency equipment and personnel are readily available to deal with unusual situations should these occur. I understand that there is a risk of injury, heart attack, stroke, or even death as a result of my exercise, but knowing those risks, it is my desire to proceed to participate as herein indicated.

### 3. Benefits to Be Expected and Alternatives Available

I understand that this medical treatment may or may not benefit my health status or physical fitness. Generally, participation will help determine

what recreational and occupational activities I can safely and comfortably perform. Many individuals in such programs also show improvements in their capacity for physical work. For those who are overweight and able to follow the physician's and dietitian's recommended dietary plan, this program may also aid in achieving appropriate weight education and control.

#### 4. Confidentiality and Use of Information

I have been informed that the information obtained from this rehabilitation program will be treated as privileged and confidential and will consequently not be released or revealed to any person without my express written consent. I do, however, agree to the use of any information for research and statistical purposes as long as same does not identify my person or provide facts that could lead to my identification. Any other information obtained, however, will be used only by the program staff in the course of prescribing exercise for me, planning my rehabilitation program, or advising my personal physician of my progress.

#### 5. Inquiries and Freedom of Consent

I have been given an opportunity to ask certain questions as to the procedures of this program.

I further understand that there are remote risks other than those previously described that may be associated with this program. Despite the fact that a complete accounting of all remote risks is not entirely possible, I am satisfied with the review of these risks that was provided to me, and it is still my desire to participate.

I acknowledge that I have read this document in its entirety or that it has been read to me if I have been unable to read same.

I consent to the rendition of all services and procedures as explained herein by all program personnel.

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Patient's Signature	Date
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Witness's Signature	Date
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Program Staff's Signature	Date
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