



I will be participating in the Inova cardiac rehabilitation program.

As a participant in this program, I agree to follow the individualized exercise and lifestyle recommendations developed based on my cardiovascular response. I further agree not to exceed these recommendations and if I do so, I understand that I may be asked to leave the program. The goals of participating in the program are to improve cardiac function, endurance and learn healthy lifestyle behaviors. No guarantee or assurance has been given to me as to the results of this program.

I have been informed and understand there exists the rare possibility of serious complications occurring during a cardiac rehab session. This may include, but is not limited to, abnormal blood pressure, fainting, a disturbance in heart rhythm and, in very rare instances, heart attack, stroke or even death. To minimize these complications, clinical and self-monitoring parameters to include telemetry monitoring, pulse and blood pressure checks, and rating of perceived exertion (RPE), will be utilized while exercises are conducted under the direct supervision of Advanced Cardiac Life Support (ACLS) and Basic Life Support (BLS) trained clinicians. Emergency equipment and trained personnel are available to manage any problems that may arise.

I understand that for my safety, and to reduce the risk of falling, cell phone use for phone calls, texting, or emailing is not allowed during my cardiac rehab sessions. Cell phones may be used as listening devices only during my cardiac rehab sessions.

Progress reports will be sent to my physician if any complications arise and at completion of the program. I will promptly report the following to the cardiac rehab clinicians:

- Chest pain or pressure
- Medication changes
- Significant weight gain/loss
- Lab work
- Dizziness/lightheadedness
- Doctor visits

The information that is obtained during cardiac rehab sessions will be treated as privileged and confidential as required by applicable law. The information obtained, however, may be used for statistical or scientific purpose with my right of privacy retained. I also approve periodic communication regarding program-specific data with my physician.

The nature and purpose of the cardiac rehab program, including the risks and the possibility of complications, have been explained to me. Should any complications occur, I agree to the medical therapy required to correct the complication. I acknowledge that I have read the foregoing agreement completely and understand its content fully. My questions have been answered to my satisfaction.

**Patient or Designated Decision**

**Maker (DDM) (signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**If DDM (print name):** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Clinician (signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Clinician (print name):** \_\_\_\_\_

**Interpreter Information** (To be completed by Inova staff, if applicable):

- In person  Telephonic  Video Interpreter name/ID number (if applicable) \_\_\_\_\_  
 Patient/Designated Decision Maker was offered and refused interpreter  Waiver signed

PATIENT IDENTIFICATION

If label is not available, please complete:

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

Date of Birth: \_\_\_\_\_ Medical Record # \_\_\_\_\_

Gender:  Male  Female

**Inova**  
**Cardiac Rehabilitation Agreement**

IAH  IFH  IFOH  ILH  IMVH

