

Pulmonary Rehabilitation Participation Consent

I voluntarily consent to participate in this prescribed, medically supervised exercise therapy program. In becoming a participant in this program, I agree to cooperate with the personnel of the center and to accept their recommendation pertaining to the amount and intensity of exercise prescribed. I further agree not to exceed these recommendations and if I do so, it will be at my own risk. No guarantee or assurance has been given to me as to the results of this program.

Heart rate and oxygen saturation monitoring will be utilized and exercises are conducted under the direct supervision of a Cardiopulmonary Clinician. Emergency equipment and trained personnel are available to manage any problems that may arise.

Progress reports will also be sent to my physician if any complications arise and at completion of the program.

The information gathered in this program will be treated as privileged and confidential and will not be released to any other person without my consent. The nature and purpose of the exercise program, including the risks and the possibility of complications, have been explained to me. Should any complications occur, I consent to the medical therapy required to correct the complication. I acknowledge that I have read the foregoing Consent completely and understand its content fully.

Financial Responsibility: As a courtesy we verify your insurance benefits. However, it is your responsibility to confirm with the insurance company that your treatment is authorized. You, the patient, are responsible for all fees not covered by your insurance.

Participant: _____

Date: _____

Witness: _____

Date: _____