

Consent for Participation in Cardiology Rehabilitation Program

Date: _____

Patient Name: _____

Patient Address: _____

Patient Phone: _____

Dear [Healthcare Professional's Name],

I, [Patient's Name], hereby give my consent to participate in the Cardiology Rehabilitation Program offered at [Facility Name]. I understand that this program aims to enhance my recovery and improve my heart health.

I have been informed about the nature of the program, its benefits, potential risks, and alternative treatments. I acknowledge that I have had the opportunity to ask questions and discuss my treatment options with my healthcare provider.

I understand that my participation is voluntary, and I can withdraw at any time without affecting my relationship with my healthcare providers.

By signing this consent form, I agree to participate in the Cardiology Rehabilitation Program and allow the healthcare team to collect and use my personal health information for treatment and research purposes.

Signature of Patient: _____

Date: _____

Signature of Witness: _____

Date: _____

Healthcare Provider Signature: _____

Date: _____