

The Cardiac Therapy Foundation of the Midpeninsula

4000 Middlefield Road, Suite CTF, Palo Alto, CA 94303

(650)494-1300, Fax (650)494-1301

The Center for Cardiovascular Wellness and Rehabilitation

New Member Application, Agreement, and Medical Release

Tell us about yourself (please print):

Name (include a nickname if appropriate)

Address

City State Zip

Phone Fax Cell

Email address

Since this is a Physician Referral program, tell us about your personal physician:

Physician Name

Physician Address

Physician City State Zip

Physician Phone

Informed Consent for Exercise Therapy Agreement

I desire to engage voluntarily in the exercise cardiovascular wellness and rehabilitation program of The Cardiac Therapy Program of the Midpeninsula in order to improve my cardiovascular function. My physician has recommended this program to me.

Before I enter this exercise program, I will have a clinical evaluation. This evaluation will include a medical history and physical examination consisting of but not limited to measurements of heart rate and blood pressure, EKG at rest and with effort. The purpose of this evaluation is to detect any condition that would indicate that I should not engage in this exercise program.

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The exercise program will follow a prescription based on my most recent treadmill test and will be carefully followed by the supervisor of the exercise program. The amount of exercise will be regulated on the basis of my tolerance.

The activities are designed to place a gradually increasing workload on the circulation and thereby to improve its function. The reaction of the cardiovascular system to such activities cannot be predicted with complete accuracy. There is the risk of certain changes occurring during or following the exercise. These changes include abnormalities of blood pressure or heart rate, or ineffective "heart function" and in rare instances "heart attack" or "cardiac arrest".

Before starting the program I will be instructed as to the signs and symptoms which I should report promptly to the supervisor of the exercises and which will alert me to modify my activities. I also will be observed by the supervisor of the exercises who will be alert to changes which would suggest that I modify my exercise. I agree to attend the exercise sessions as scheduled.

Every effort will be made to avoid such events by the preliminary medical examination and by observation during the exercise. Emergency equipment and trained personnel are available to deal with and minimize the dangers of unpredictable events should they occur.

I understand that the Cardiac Therapy Foundation program is never a substitute for the medical care rendered by my personal physician. I hereby authorize the Cardiac Therapy Foundation to release to my physician information about my progress in the program. I also authorize the Cardiac Therapy Foundation to request information about my health from my personal physician, and/or any hospital where I have received care.

I agree to be responsible for the monthly payment of fees. I understand that I will be billed prior to each month's service and that payment is due on the first of that month. I understand that my payment of the monthly fees is not dependent upon reimbursement by my medical insurance policy, but is solely my personal responsibility.

I have read the foregoing and I understand it. Any questions that have arisen or occurred to me have been answered to my satisfaction.

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Medical Release Form

I, _____),
(print patient name (print patient date of birth, mm/dd/yy)

hereby authorize any medical provider to release the following medical records, pertinent to my participation in the exercise wellness and rehabilitation program at the Cardiac Therapy Foundation.

The following medical records are pertinent and are to be released:

- 1) Most Recent Hospital Discharge Summary, including
 - a) Report of CABG
 - b) Report of Coronary Angiography
 - c) Report of PTCA
 - d) Report of MI
- 2) Report of Long Term Arrhythmic Monitoring
- 3) Most Recent EKG
- 4) History and Physical
- 5) Most Recent Treadmill Report
- 6) Pulmonary Function Test
- 7) Lab Work (lipid panel, chem. Panel)

Member/Patient Signature (for the Application, the Agreement, and this Medical Release)

Date

Witness

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Physician Referral

To the Cardiac Therapy Foundation of the Midpeninsula:

I am referring the following patient of mine,

(Patient Name)

(Patient Date of Birth, mm/dd/yy)

to you for your standard program (see below). My patient currently does not have unstable angina, uncompensated CHF, unexplained syncope, or uncontrolled or symptomatic arrhythmias.

- I agree to have my patient participate in your standard program and, in the event of a medical emergency, be treated per ACLS protocols by ACLS certified personnel.
- I agree to have my patient counseled in measures designed to reduce coronary risk factors.
- I agree to continue the regular care of my patient throughout his/her participation in your program.

(Physician Signature)

(Print Physician Name)

(Date Signed)

I will fax or mail to you the following records (or if checked here , please arrange to get them from our medical records department):

- 1) Hospital discharge summary following MI /Unstable Angina/CABG/PTCA/Heart Failure
- 2) Patient's most recent EKG
- 3) Treadmill Test
- 4) Most recent lipid profile
- 5) Last office visit notes with medication and diagnosis list

(Please fax or mail this form to the Cardiac Therapy Foundation.)

* * * * *

Note: The Cardiac Therapy Foundation's standard wellness and rehabilitation program includes:

- Supervised exercise training, including strength, flexibility and aerobic conditioning
- Weight loss and nutritional counseling
- Blood sugar management;
- Blood pressure monitoring
- Cholesterol management and education;
- Heart Forum educational classes
- Stress management
- Type A Behavior Modification (for an additional fee)

Notice of Privacy Practices

April 14, 2003

Cardiac Therapy Foundation of the Midpeninsula

www.cardiactherapy.org

This notice describes how medical information about you may be used and disclosed by the Cardiac Therapy Foundation of the Midpeninsula and how you can get access to this information.

The Cardiac Therapy Foundation of the Midpeninsula (CTF) is committed to maintaining your privacy and understands the importance of safeguarding your personal health information. We are required by federal law to maintain the privacy of health information that identifies you or that could be used to identify you (known as "Protected Health Information" or "PHI"). PHI is information about you, including basic demographic information, that may identify you and that is related to your past, present, or future physical or mental health or condition and related health care services. This Notice of Privacy Practices ("Notice") describes your rights under federal and state law, where applicable, and also describes how we may use and disclose PHI about you to carry out treatment, payment or health care operation, and for other specified purposes that are permitted or required by law.

CTF is committed to following the terms of this Notice. Except as described in this Notice, we will not use or disclose your PHI without your written authorization. We reserve the right to change our practices and this Notice and to make the revised Notice effective for all PHI we maintain. The latest Notice will be posted upon our website, www.cardiactherapy.org. Upon your request, we will mail the latest revised Notice to you.

You have the following rights with respect to your PHI:

- **Obtain a paper copy of the Notice upon request.**

You may request a copy of the Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. To obtain a paper copy, contact CTF's office by phone or mail.

- **Request a restriction on certain uses and disclosures of PHI.**

You have the right to request additional restrictions on CTF's use or disclosures of PHI about you by sending a written request to CTF's Privacy Officer at CTF's office. CTF is not required to agree to those restrictions.

- **Inspect and obtain a copy of PHI.**

You have the right to inspect and obtain a copy of the PHI about you contained in a "designated record set" for as long as CTF maintains the PHI. The "designated record set" usually will include billing data and health information CTF has obtained either by itself or from your physicians. To obtain this information, please phone or send a written request to CTF's Privacy Officer at CTF's office. CTF may deny your request or copy in certain limited circumstances. If denied access to your PHI, you may request a review of your denial.

- **Request an amendment of PHI.**

If you feel that your PHI maintained by CTF is incomplete or incorrect, you may request that CTF amend it. You may request an amendment for as long as CTF maintains the PHI. To request an amendment, please phone or send a written request to CTF's Privacy Officer at CTF's office, including a reason that supports your request. In certain cases, CTF may deny your request for amendment. If CTF denies your request for amendment, you have the right to file a statement of disagreement with the decision and CTF will reply.

- **Receive an accounting of disclosures of PHI.**

You have the right to receive an accounting of the disclosures we have made of your PHI within the last 6 years for purposes other than treatment, payment, or health care operations. This accounting will exclude disclosures CTF has made directly to you, disclosures from your election to CTF's Board of Directors or volunteer work you may have done on CTF's behalf, disclosures for birthday or roster listings or nametag usage, disclosures to friends or family members involved in your care, incidental disclosures, disclosures authorized by you, your spouse, or your caregiver, and disclosures for legal and notification purposes.

The following categories describe and provide examples of different ways that we use and disclose PHI about you:

- **CTF will use PHI for treatment.**

For example, CTF will use the information received about you from your physician to set up an appropriate exercise program for you. CTF will document in your record information related to your exercise program and services provided to you. CTF will use your PHI to communicate with our medical consultants and with your other health care providers such as your physicians.

- **CTF will use your PHI for payments.**

For example, CTF may contact your insurer or other 3rd party payer to determine whether it will pay for your participation in our program and the amount of your co-payment responsibility. CTF will bill you or a

3rd party payer for the cost of your participation in our program. The information on or accompanying the bill may include information that describes you, as well as a diagnoses and treatment code. Bills and other correspondence that CTF mails to you will have CTF's name and return address on the outside of the envelope; all checks received in payment by CTF will be viewed and photocopied by our bank.

- **CTF will use PHI for health care operations.**

For example, CTF may use the information on your health record to monitor the performance of its nurses, consultants, and exercise therapists providing treatment to you. This information may be used in an effort to continually improve the quality and effectiveness of the health care and service that CTF provides.

CTF is likely to use or disclose PHI for the following purposes:

- **Communication with individuals involved in your care or payment for your care.**

CTF's health care professionals, such as nurses, using their professional judgment, may disclose PHI to other health care professionals, a family member, other relative, close personal friend, significant other, or any person that you expressly or implicitly authorize to have access to your PHI relevant to that person's involvement in your care or payment related to your care.

- **Communications with other CTF Members.**

CTF may communicate to other CTF members your status regarding

hospitalization and sickness, but only with the verbal permission of you or your spouse, significant other, or caregiver.

- **Personal Communications.**

CTF may contact you to provide information about appointments, treatment alternatives, or other health-related benefits and services that may be of interest to you. CTF may refer another member to you to discuss a health-related program that CTF knows that you have experienced, but only with your verbal permission. CTF may phone or mail you to determine whether you are interested in joining our program, or to determine your interest regarding continuing in or restarting our program should you become a member.

- **Incidental Disclosures.**

CTF may disclose PHI incidental to our provision of treatment, payment, or health care operations. Some examples are that someone passing by might overhear your PHI in an exercise session or in our telephone conversations with your physician or that another member might notice information that you have written on your monthly exercise record sheet.

- **Nametags.**

CTF provides nametags for its members to use at its exercise classes; however, you do not have to use them. You may also request that CTF not provide you with a nametag by sending a written request to CTF's Director at CTF's office.

- **Birthday Listing.**

Every month CTF prepares a list of its members who have a birthday in that month along with the actual day of the month, but not the member's birth year. To be excluded from this birthday listing, please send a written request to CTF's Director at CTF's office.

- **Class Rosters.**

From time to time, CTF prepares a roster of its members in its various exercise classes, listing spouse/significant other, address, phone, and email. These rosters are prepared for and intended for only its members' use. To be excluded from this roster, please send a written request to CTF's Director at CTF's office.

- **Food and Drug Administration (FDA).**

CTF may disclose to the FDA or its agents PHI relative to adverse events with respect to drugs, foods, supplements, products and product defects, or postmarketing surveillance information to enable product recalls, repairs, or replacements.

- **Law Enforcement.**

CTF may disclose PHI about you for law enforcement purposes or in response to a valid subpoena.

CTF is permitted to use or disclose PHI about you for the following purposes:

- **Research.**

CTF may disclose PHI about you, with your permission, to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and has established protocols to ensure the privacy of your information.

- **Coroners, Medical Examiners, and Funeral Directors.**

CTF may release PHI about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. CTF may also disclose PHI to funeral directors consistent with applicable laws to carry out their duties.

- **Organ or Tissue Procurement Organizations.**

Consistent with applicable law, CTF may disclose PHI about you to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donations and transplant.

- **Fundraising.**

CTF may contact you as part of a fundraising effort.

- **Notification.**

CTF may use or disclose PHI about you to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

- **Correctional Institution.**

If you are, or become, an inmate of a correctional institution, CTF may disclose to the institution or its agents PHI necessary for your health and the health and safety of others.

Other Uses and Disclosures of PHI:

CTF will obtain your written authorization before using or disclosing PHI about you for purposes other than those provided above (or as otherwise permitted or required by law.) Should we obtain this written authorization from you, you may revoke it in writing at any time. CTF will then stop using or disclosing PHI about you, except to the extent that CTF has taken action in reliance on the authorization.

How to Obtain More Information or Report a Problem:

If you have questions or would like additional information about CTF's privacy practices, you may contact CTF's Privacy Officer at CTF's office. If you believe your privacy rights have been violated you can file a complaint with CTF's Privacy Officer at CTF's office. There will be no retaliation for filing a complaint.

- **Exercise Sessions.**

CTF's professional staff may approach you during exercise sessions to discuss your PHI. You may request that the discussion continue in a private setting

- **Website Listing.**

If you are elected to CTF's Board of Directors, your name and email address will be listed on CTF's website and may be disclosed along with other information in compliance filings as required by law.

- **As Required by Law.**

CTF must disclose PHI about you when required to do so by law.

- **Workers' Compensation.**

CTF may disclose PHI about you to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

- **Public Health.**

As required by law, CTF may disclose PHI about you to public health or legal authorities charged with preventing or controlling disease, injury, or death.

- **Health Oversight Activities.**

CTF may disclose PHI about you to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, and inspections, as necessary for our licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

- **Judicial and Administrative Proceedings.**

If you are involved in a lawsuit or a dispute, CTF may disclose PHI about you in response to a court or administrative order. CTF may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the requested PHI.

- **To Avert a Serious Threat to Health and Safety.**

CTF may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or to health and safety of the public or another person.

- **Military and Veterans.**

If you are a member of the armed forces, CTF may release PHI about you as required by military command authorities. CTF may also release PHI about foreign military personnel to the appropriate military authority.

- **National Security and Intelligence Activities.**

CTF may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

- **Protective Services for the President and Others.**

CTF may disclose PHI about you to authorized federal officials so they may provide protection to the president, other authorized persons, or foreign heads of state or to conduct special investigations.

- **Victims of Abuse, Neglect, or Domestic Violence.**

CTF may disclose PHI about you to a government authority, such as a social service or protective services agency, if CTF reasonably believes you are a victim of abuse, neglect, or domestic violence. CTF will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and CTF believes it is necessary to prevent serious harm to you or someone else or the law enforcement or public official that is to receive the report represents that it is necessary and will not be used against you.