



CLIENT RIGHTS AND RESPONSIBILITIES FORM – COMMUNITY SITES

As a client, you have the RIGHT to:

- ♥ Be actively involved as a member of the team during the course of your rehabilitation program
- ♥ Receive services in a safe environment; THBW staff will wear appropriate PPE and the facility will abide by Provincial Health Orders
- ♥ Expect professional behavior and the best possible care
- ♥ Expect that your privacy and confidentiality are respected
- ♥ View the information contained in your file at any time
- ♥ Withdraw your consent to participate at any time
- ♥ Expect appropriate and timely medical care in the unlikely event of a sudden illness. This could include CPR, use of an AED, and calling an ambulance and referral to advanced medical care.

As a client, you will be RESPONSIBLE for:

- ♥ Informing program staff of any changes in your medical condition or medications
- ♥ Immediately reporting any difficulties, problems or new injuries.
- ♥ Exercising at least 2 days of the week on your own, following the exercise prescription parameters provided by the program
- ♥ Treating others with respect – the use of profanity is prohibited and any form of abuse towards anyone will not be tolerated. Solicitation of others for personal gain is likewise prohibited.
- ♥ Attending scheduled sessions – you must call if you are unable to attend the program. Missed classes may be rescheduled for reasons of illness or medical appointments
- ♥ *Cell phones:* Refraining from texting or talking on cell phone during your workout. Calls can be taken outside the gym.
- ♥ Arriving on time and wearing appropriate clean clothing and footwear for exercising
- ♥ Avoiding the use of scented products
- ♥ Participating in exercises in a safe and responsible manner
- ♥ Helping to set program goals and working diligently to achieve them
- ♥ Demonstrating proper etiquette and helping to maintain a positive environment
- ♥ Completing a daily health check as per Covid protocols prior to arriving at the program

I, _____ having read this document, fully understand my rights and responsibilities and have been informed of the CPR/AED policy (Advanced Directives). Having been given an opportunity to ask questions, I am willing to abide by the rules and regulations as I participate in the TAKE HEART & BREATHE WELL Program.

Signature of Participant

Date