

A NEW LEAF, INC.
Consent for Review of Records



I give consent for the appropriate personnel and contractual personnel of A New Leaf, Inc, permission to review any records and documents relating to:

_____ for the purpose of evaluation, program development, implementation, and billing.

Please Print:

Participant Name: _____

Appointed Representative: _____

Participant Signature: _____ Date: _____

Guardian's Signature: _____ Date: _____

A New Leaf Representative: _____ Date: _____