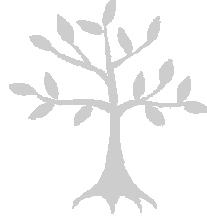


A NEW LEAF, INC.
Receipt of Privacy Practices



By signing below, I _____ am verifying
Please Print Name

that I have been given a copy of the HIPAA Privacy Practices of A
New Leaf, Inc. and given the opportunity to ask questions and have
unclear items clarified.

Participant/Guardian Signature

Date

A New Leaf Representative

Date